

# NEW ACCOUNT APPLICATION

## Individual Applicant Information

Name (Last, First, Middle)			
Date of Birth	Home Telephone Number	Drivers Lic. No. / Passport No.	Social Security Number
Present Address (Street, City, State & Zip Code)		Do you or <input type="checkbox"/> Own <input type="checkbox"/> Rent	County How Long?
Permanent Address		County	How Long?
Employer			How Long?
Address		Position / Title	Telephone Number
Previous Employer (If Current Employer is Less Than _____ Years)			How Long?
Address		Position / Title	Telephone Number
Name and Address of Nearest Relative Not Living With You		Relationship	Telephone Number

## Joint Applicant Information

Name (Last, First, Middle)			Relationship
Date of Birth	Telephone Number	Drivers Lic. No. / Passport No.	Social Security Number
Address (Street, City, State & Zip Code)			
Employer			How Long?
Address		Position / Title	Telephone Number
Name and Address of Nearest Relative Not Living With You		Relationship	Telephone Number

## Type of Account

Type of Account Applying for \_\_\_\_\_ Purpose of Account  Consumer  Business

Who Recommended Us to You? \_\_\_\_\_

### ATM CARD REQUEST

Number of Cards Requested \_\_\_\_\_ Checking Account No. \_\_\_\_\_

Number of Cards Received \_\_\_\_\_ Savings Account Number \_\_\_\_\_

### FOR BANK USE

Date \_\_\_\_\_

Account No. \_\_\_\_\_

Approved by \_\_\_\_\_

Declined by \_\_\_\_\_

### Type of Account

Checking  Savings

Money Market  CD

NOW

\_\_\_\_\_

\_\_\_\_\_

Initial Deposit \$ \_\_\_\_\_

Cash  Check No. \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Ownership of Account

Not all forms of ownership may be allowed in your state. Check with your financial institution.

Individual  Joint - With Survivorship (not as tenants in common)  Joint - No Survivorship (as tenants in common)

Revocable Trust or Pay-On-Death Beneficiary

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Unincorporated Nonbusiness Association of Individuals

Sole Proprietorship  Partnership  Limited Liability Company

Corporation  For Profit  Not for Profit

\_\_\_\_\_

Business \_\_\_\_\_

County and State of Organization \_\_\_\_\_

Separate Authorization Received  Yes  No Facsimile Signature  Yes  No

## Bank or Other Credit Cards

Bank/Company Name	Account Number	Credit Limit	Balance

## Financial Institution Relationships

Name of Financial Institution and Address	Type of Account

## Certification Notice

- I certify, by my signature below, under penalties of perjury the statements checked in this section are accurate.
- The Taxpayer Identification Number (TIN) shown below is correct.
- I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding for a failure to report all interest or dividends or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- I am an exempt recipient under the Internal Revenue Service regulations.
- I am exempt from backup withholding because I am a non-resident alien as defined by the Internal Revenue Service regulations.
- I am a U. S. person (including a U. S. resident alien).

Taxpayer Identification Number: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Signatures

The undersigned acknowledge(s) receipt of a copy of and agree(s) to the terms of the following disclosure(s):

- Truth in Savings Disclosure
- Electronic Funds Transfer Disclosure
- Funds Availability Disclosure
- \_\_\_\_\_

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit account and employment history and/or have a credit reporting agency prepare a credit report on me. I also authorize you to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

### Additional Authorized Signatories

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint - Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint - Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint - Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Relationship/Title \_\_\_\_\_

Signature \_\_\_\_\_ Relationship/Title \_\_\_\_\_

## Verification of Identification (Bank Use Only)

VERIFICATION OF IDENTIFICATION: <input type="checkbox"/> OFAC / Gov. Lists <input type="checkbox"/> Additional Documentation Attached	
Accountholder: * Form of Identification provided: _____ * Identification issued at/by: _____ * Expiration Date of ID: _____ * Identification Number: _____ Date of Issue _____ * Identification verified through: _____	Co-Accountholder: * Form of Identification provided: _____ * Identification issued at/by: _____ * Expiration Date of ID: _____ * Identification Number: _____ Date of Issue _____
Name and Address of someone who will always know your location: _____	