## Purpose of Account Consumer Business Type of Account Applying for \_ Who Recommended Us to You? \_\_ FOR INSTITUTION USE ATM CASH CARD REQUEST (Caution: For security reasons do not select your SSN, Date of Birth or other separately discoverable number as the PIN.) Checking Account No. \_ Number of Cards Requested \_\_ Account No. Number of Cards Received Savings Account No. Approved By \_\_\_\_\_ Declined By \_\_\_\_\_ **OWNERSHIP OF ACCOUNT** Not all forms of ownership may be allowed in your state. Check with your financial institution. TYPE OF ACCOUNT ☐ Joint - With Survivorship Individual ☐ Joint - No Survivorship (and not as tenants in common) (as tenants in common) Checking Savings Пср Money Revocable Trust or Pay-On-Death Beneficiary Name \_\_\_ Address Now Name \_\_\_\_\_ Address Initial Deposit \$ \_\_\_\_\_ Unincorporated Nonbusiness Association of Individuals Cash Check No. ☐ Sole Proprietorship Partnership Limited Liability Company ☐ Corporation: ☐ For Profit ☐ Not For Profit Additional Information \_\_\_\_\_\_ Business\_ County and State of Organization: \_ Separate Authorization Received Yes No Facsimile Signature Yes No INDIVIDUAL APPLICANT INFORMATION Name (Last, First, Middle) Home Telephone No. Drivers Lic. No. / Passport No. Birth Date Social Security No. Do You 🗌 Own Present Address (Street, City, State & Zip) County How Long or Rent Permanent Address County How Long Employer How Long Address Position/Title Telephone No. How Long Previous Employer (If Current Employer is Less Than \_\_\_\_\_ Years) Position/Title Telephone No. Address ( ) Name and Address of Nearest Relative Not Living With You Telephone No. Relationship JOINT APPLICANT INFORMATION Name (Last, First, Middle) Relationship Birth Date Telephone No. Drivers License No. Social Security No. Address (Street, City, State & Zip) **Employer** How Long Address Position Telephone No. ( ) Name and Address of Nearest Relative Not Living With You. Relationship Telephone No. )

**NEW ACCOUNT APPLICATION** 

	FINANCIAL INSTITU	TION RELATIONSHIPS			
Name of Financial Institution and Address			Т	Type of Account	
	BANK OR OTHE	R CREDIT CARDS			
Company	BANK ON OTHE	Account No.	Credit Limit	Balance	
	BACKUP WITHHOLI	DING CERTIFICATIONS			
APPLIED-FOR TAXPAYER I.D. NUMBER - A receive a taxpayer identification number to the appor deliver an application in the near future). I underequired to withhold the percentage allowed under EXEMPT RECIPIENTS - I am an exempt recipies as a result of a failure to report all interest or divider NONRESIDENT ALIENS - A separate certificated SIGNATURE: I certify under penalties of perjury to the An organization exempt from tax under section 501(a) or an individual retirement plan.  The United States or any of its agencies or instrumentalities.  A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities.  A foreign government or any of its political subdivisions, a gencies, or instrumentalities.  An international organization or any of its agencies or instrumentalities.  An international organization or any of its agencies or instrumentalities.  Other payees that may be exempt from backup withholding include:  A corporation.  A foreign central bank of issue.  A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States.	taxpayer identification repropriate Internal Revenerstand that if I do not prote the Internal Revenue Content under the Internal Fito backup withholding einds, or the Internal Revenue, or the Internal Revenue, or the Internal Revenue tion has been or will be the statements checked.  • A futures commission the Commodity Future • A real estate investme • An entity registered year under the Inventity and the Inventity of the Common trust fund section 584(a).  • A financial institution. • A middleman known nity as a nominee or of a trust exempt from described in section 4 Payments of interest backup withholding inclendividuals. Note: You	number has not been issued ue Service Center or Social vide a taxpayer identification ode of all reportable payment Revenue Service Regulations ther because I have not been ue Service has notified me completed.  In this section and that I are DATE  In merchant registered with the Trading Commission. Bent trust, at all times during the tax astment Company Act of operated by a bank under in the investment commutaty of the investment commutation of the	Security Administration number to the payor with the thereafter made to not the thereafter made to not so. (See below.)  In notified that I am sult that I am no longer subtem a U.S. person (included and is paid in the control of the payments and you have taxpayer identifition of tax-exempt interest divided Payments of tax-free exempt interest divided Payments on tax-free to payments on tax-free to payments of mortgates.  Payments of mortgates payments that are reporting are also not ing. For details, see	n Office (or I intend to mail within 60 days, the payor is ne until I provide a number.  Dject to backup withholding ject to backup withholding.  ding a U.S. resident alien).	
	SIGN	ATURES			
The undersigned acknowledge(s) receipt of a Truth in Savings Electronic Funds Transf I certify that everything I have stated in this ap is approved. By signing below I authorize you prepare a credit report on me, as an individual you. I understand that I must update credit info	er  Funds Availabilitoplication and on any uto check my credit also authorize you	y Privacy	ou may keep this app history and/or have a ers may ask you abo	credit reporting agency	
Applicant's Signature	Date	Additional Authorized S	Signatories		
Joint Applicant's Signature	Date	Signature		Relationship/Title	
Joint Applicant's Signature	Date	Signature		Relationship/Title	
Joint Applicant's Signature	Date				