



New Deposit Account Application

Account # _____

Account Type _____

Important procedure information for opening a new account as required by the USA PATRIOT ACT

To help the government combat the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license and/or other identifying documents.

I am interested in: Checking Savings Certificate of Deposit ATM/Debit Card
 Online Banking Other (Please describe) _____

Applicant: _____
FIRST MI LAST

Social Security No: _____
Date of Birth: _____

D/L # or State Issued ID: _____

State Issued: _____ Exp Date: _____

Secondary ID: _____

E-mail address: _____

Street Address: _____
STREET CITY STATE ZIP Yrs @ address

Mailing Address (if different): _____
STREET CITY STATE ZIP

Previous Address: _____
STREET CITY STATE ZIP Yrs @ address

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Current Employer: _____

Employer Address: _____ Position or Title: _____

Monthly Gross Income: _____ Yrs w/employer: _____ Mothers Maiden Name: _____

I am a US Citizen Yes No If No, country of citizenship: _____

My Previous Account (most recent): _____
Name of financial institution City, State

Is this an application for a joint account? Yes No

If Yes, name of primary applicant: _____

Everything I have stated in this application is correct to the best of my knowledge. I understand that I may be guilty of perjury if I made any material mis-statements. I also understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.
APPLICANT'S SIGNATURE _____ DATE _____

FOR INTERNAL USE ONLY

OFAC Screening _____
Employee Name _____ Date _____
Approved: Yes No – Account Denial Form Sent (date) _____