DEPOSIT ACCOUNT

NEW CUSTOMER FACT SHEET

DATE_____

NAME_____ S.S#_____
(The way your name appears on Social Security Card)

DRIVER'S LICENSE NO._____

BIRTHDATE_____

NAME_____ S.S#_____

DRIVER'S LICENSE NO._____

BIRTHDATE_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

TELEPHONE_____

TYPE OF ACCOUNT_____

FORMER BANK AFFILIATION:
BANK NAME_____
ADDRESS_____
CITY/STATE_____
ACCOUNTS HELD: CHECKJNG__SAVINGS__LOANS___

EMPLOYER_____
ADDRESS_____

I/we certify that the information supplied on this application is true. I/we authorize the Bank to verify the information and to obtain a copy of my/our current credit report.

SIGNED_____ SIGNED_____