

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 _____