

CUSTOMER INFORMATION FORM

ACCOUNT HOLDER & SERVICES INFORMATION

Account Holder Information

Full Legal Name:		Date of Birth:
Physical Address:		
City:	State:	Zip:
Mailing Address: <i>If different from above</i>		
City:	State:	Zip:
Home Phone:	Work Phone:	Mobile Phone:
Drivers License ID #:	Issue Date:	Exp. Date
Employer:	Position/Title:	Email:

Accounts and Services

Please check the Accounts and Services you are currently using and/or may wish to use. **Pending Approval*

<input type="checkbox"/> Personal Checking Account	<input type="checkbox"/> Business Checking Account	<input type="checkbox"/> Online Bill Pay
<input type="checkbox"/> Interest Bearing Personal Checking	<input type="checkbox"/> Interest Bearing Business Checking	<input type="checkbox"/> Safe Deposit Box
<input type="checkbox"/> Personal Savings Account	<input type="checkbox"/> Business Savings Account	<input type="checkbox"/> Consumer Loan/Line*
<input type="checkbox"/> Christmas Club Account	<input type="checkbox"/> Business Certificate of Deposit	<input type="checkbox"/> Business Loan/Line*
<input type="checkbox"/> Individual Retirement Account	<input type="checkbox"/> Debit/ATM Card	<input type="checkbox"/> Mortgage Loan*
<input type="checkbox"/> Health Savings Account	<input type="checkbox"/> Online Banking/eStatements	<input type="checkbox"/> Construction Loan*
<input type="checkbox"/> Personal Certificate of Deposit	<input type="checkbox"/> Mobile Banking	<input type="checkbox"/> Other _____