



CAPITOL NATIONAL BANK

Member FDIC | Equal Housing Lender

[Privacy Statement](#)

Switch Kit

First Name:

Last Name:

Submitted on:

Security Notice: ONLY fill out this form on-line if you are using a browser with the latest security enhancements. If you do not have the latest version, download it now. This form is NOT cached (saved in your computer's memory) when you QUIT your browser.

Instructions:

1. Complete this questionnaire and click "Submit".
2. To safeguard your privacy, QUIT your browser and restart it again after using this form. This form is NOT saved in your computer's memory when you quit your browser.
3. We will contact you with the location of our closest office for you to sign a signature card. You may also be requested to provide photocopies of your Social Security card and Driver's License, or other documentation.

The purpose of this questionnaire is for us to gather some information, so you can begin the application process. All applications are subject to approval. Please note that Primary and Joint account holders will need to sign an official account form in person at one of our offices before the account can be opened. For your own account security, we'll also need to photocopy your driver's license(s), or other form of ID, so we can have it on file to accurately identify you in the future.

Individual Account

Name

Street Address

Address Line 1

Address Line 2

City

State

ZIP Code

Mail Address if different

Address Line 1

Address Line 2

City

State

ZIP Code

Home Phone

Work Phone

E-mail Address

Joint Account

Name

Street Address

Address Line 1

Address Line 2

City

State

ZIP Code

Mail Address if different

Address Line 1

Address Line 2

City

State

ZIP Code

Home Phone

Work Phone

E-mail Address

Primary Account Holder Information

Social Security Number

Date of Birth

Driver's License Number

Expiration Date

Alternate Access Code

Employer

Position

Joint Account Holder Information

Social Security Number

Date of Birth

Driver's License Number

Expiration Date

Alternate Access Code

Employer

Position

| | |
|-------------------------------|--|
| I would like to open | <input type="checkbox"/> Personal Checking <input type="checkbox"/> Business Checking <input type="checkbox"/> Money Market <input type="checkbox"/> Statement Savings <input type="checkbox"/> CD <input type="checkbox"/> IRA <input type="checkbox"/> I/we would like an ATM/CheckCard <input type="checkbox"/> I/we would like transfer capabilities at the ATM and online. <input type="checkbox"/> I/we would like free online access to account(s). |
| Number of ATM/CheckCard Cards | |