THE BANK OF MAUSTON

Member FDIC | Equal Housing Lender Privacy Statement

Switch Kit

Last Name:

First Name:

Submitted on:

Instructions: 1. Complete this questionna 2. To safeguard your privacy memory when you quit your 3. We will contact you to cor may also be requested to pr The purpose of this question subject to approval. Please is	ire and click "Submit".	iched (saved in your computer's me ad restart it again after using this for quest prior to you finalizing your pa a and other documentation. some information, so you can begi point account holders will need to sig own account security, we'll also necentify you in the future.	security enhancements. If you do not have the emory) when you QUIT your browser. m. This form is NOT saved in your computer's perwork at one of our convenient locations. You in the application process. All applications are in an official account form in person at one of our do photocopy your driver's license(s), or other	ı ır
		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 World		Work Phone	E-mail Address			
	Pri	mary Account Holder Inform Date of Birth	ation			
		Date of Billi				
Alternate Access Code			Employer	Position		
Joint Account Holder Information						
Date of Birth						
Alte	ernate Access Code		Employer	Position		

	Personal Checking Business Checking				
	☐ Money Market☐ Statement Savings				
I would like to open	☐ CD IRA				
	I/we would like an ATM/CheckCard I/we would like transfer capabilities at the ATM and online.				
	I/we would like free online access to account(s).				
Number of ATM/CheckCard Cards					