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 to confirm and review your request prior to you finalizing your paperwork at one of our convenient locations. You may also be requested to provide photo identifcation and 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

Date of Birth

Alternate Access Code **Employer** **Position**

Joint Account Holder Information

Date of Birth

Alternate Access Code **Employer** **Position**

I would like to open	☐ Personal Checking ☐ Business Checking ☐ Money Market ☐ Statement Savings ☐ 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	