

North Brookfield

SAVINGS BANK

NorthBrookfieldSavingsBank.com



DEPOSIT ACCOUNT APPLICATION- 4-14-2023

First Name:

Last Name:

Submitted on:

Privacy Policy: Our [privacy policy](#) protects the privacy of your personally-identifying information that you provide us online.

Account Holders must reside in the **State of Massachusetts**

Important Information about Procedures for Opening a New Account

Identification Procedures Requirements: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Security Notice:

You should **ONLY** fill out this Application on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now.

Instructions:

1. Complete Application and click "Submit Application" or fax it to 413-323-8958.
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.

Primary Joint Account Holder Information

First Name

Middle Initial

Last Name

Date of Birth

Social Security No.

Email Address

Driver's License No.

Driver's License State

Home Phone

Work Phone

Address Information (required)	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Joint Account Holder (with right of survivorship)

First Name	Middle Initial	Last Name
_____	_____	_____

Date of Birth	Social Security No.	Email Address
_____	_____	_____

Driver's License No.	Driver's License State
_____	_____

Home Phone	Work Phone
_____	_____

Address Information	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Account Titling Information

	<input type="radio"/> Individual <input type="radio"/> Joint <input type="radio"/> In Trust For
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In Trust For (required)	Name	Social Security No.
	_____	_____

Custodial (required)	Name	Social Security No.
	_____	_____

I/We would like to apply for the following account(s):

Checking Accounts	<input type="checkbox"/> Free Checking Plus <input type="checkbox"/> 18/65 Free Checking Plus <input type="checkbox"/> Now Account <input type="checkbox"/> Teen Checking (teens ages 15-18) <input type="checkbox"/> Attorney Conveyance Account <input type="checkbox"/> IOLTA Checking <input type="checkbox"/> Municipal Checking
Savings Accounts	<input type="checkbox"/> Statement Savings <input type="checkbox"/> 18/65 Statement Savings <input type="checkbox"/> Life Goals Savings <input type="checkbox"/> CD Accounts <input type="checkbox"/> Vacation Club Account <input type="checkbox"/> Holiday Club Account <input type="checkbox"/> High Five Savings (children and young adults under 19 years of age)
Money Market Accounts	<input type="checkbox"/> Tiered Money Market <input type="checkbox"/> Tiered Money Market IRA <input type="checkbox"/> Simple20 Money Market
FOR CD / IRA ACCOUNTS ONLY	
CD / IRA Term	<input type="checkbox"/> 5 Month <input type="checkbox"/> 7 Month <input type="checkbox"/> 12 Month <input type="checkbox"/> 13 Month <input type="checkbox"/> 15 Month <input type="checkbox"/> 18 Month <input type="checkbox"/> 24 Month <input type="checkbox"/> Other:
Amount \$	

Additional Notes:

By submitting this application, I (each person jointly and severally) apply for the account(s) and Debit card(s*) listed above and a personal identification number. As an account owner, I am subject to all of its bylaws and rules as amended from time to time. I certify that all information given is correct. I understand and agree that for all accounts for / or, any one of us opens in the future is governed by this application, and all persons listed here will be owners, except as provided as follows: If I wish an account to have (as applicable) fewer, additional, or different owner(s), a completed, signed application for the specific account must be submitted to and accepted by **North Brookfield Savings Bank**.

I agree to the terms and conditions for any accounts or services that I have now or in the future, and as they change from time to time. I agree at any time you may request information from others about my credit or accounts and that you provide to others experience information about me or my accounts with **North Brookfield Savings Bank**.

By clicking the Submit Form button below, I/We AGREE with the above statement.

**Debit card(s) not available for CD accounts.*

Date
