

814-262-4010 I www.1stsummit.bank

Member FDIC | Equal Housing Lender
Privacy Statement

BUSINESS BANKING Switch Today

First Name:		Last Name:		
Submitted on:				
	note that Primary and Joi ne account can be opene	nt account holders will need	an begin the application proces d to sign an official account form mation	
Street Address (required)	Address Line 1 Address Line 2 City	State	ZIP Code	
Phone Number	Cell Phone	Email Address	Social Security	Date of Birth
Driver's License Number		Issue Date	Expiration Date	Occupation
		Joint Account Owner Inform	ation	
Full Name				
Business Name				
Street Address	Address Line 1 Address Line 2 City	State	ZIP Code	
Phone Number	Cell Phone	Email Address	Social Security	Date of Birth

Driver's License Number		Issue Date	Expiration Date	Occupation		
Type of Account						
I would like more information on:	Business Checking Treasury Management Merchant Services Commercial Loan Savings	t				
activities, Federal Law requiraccount. What this means for	res all financial institutions to or you: When you open an a	o obtain, verify, and record in account, we will ask you for	the funding of terrorism and monformation that identifies each your name, address, date of bit bense or other identifying docu	person who opens an irth, and other		