

Member FDIC | Equal Housing Lender

Privacy Statement

New Account Sign Up

First Name:	Last Name:				
Submitted on:					
Please note: To ap	tarted. One of our ply online you mity, and a legal	r friendly representative ust be 18 years or old	es will contact you. der, a resident of Franklin d States. All new accounts a		
New or Current Citizens Bank customer(s)? (required)	New Current				
Single or Joint Account? (required)	○ Single ○ Joint				
		Applicant			
First Name (Primary Owner) (required) First Name (Primary Owner) Middle Initial (required)					
Middle Initial Last Name (Primary Owner) (required) Last Name (Primary Owner)					
Date of Birth (required) Date of Birth					
Social Security Number (SSN) (required) Social Security Number (SSN)					
Mailing Address (required)	Address Line 1				
	Address Line 2 City	State	ZIP Code		
Is the Physical Address the same as the Mailing Address? (required)	Yes No (Please provide	physical address below.)			

Physical Address	Address Line 1 Address Line 2					
	Contact (required)	Contact Numbers	Cell Phone	Home Phone	Business Phone	
Email Address (required)						
Driver's License Number (required)						
Driver's License (required)	Information	State Issued	Date Issued	Expiration Date		
Occupation (required)						
Employer (required)						
Are you a US Citizen? (required)	○ Yes ○ No					
Account / Product Interests (required)	CB Liberty CB Loyalty CB Legacy Citizens Savings Citizens Wealth Buil Christmas Club Certificate of Depos					
Additional Products	Online Banking eStatements Online Bill Pay Mobile Banking Mobile Deposit Debit Card					
		(If no Co-Applicant plea	se skip to the end.)			
First Name (Primary Owner) First Name						
Middle Initial Middle Initial						
Last Name Last Name						

Date of Birth					
Social Security Number (SSN)					
Mailing Address	Address Line 1 Address Line 2				
	City	State	ZIP Co	ode	
Is the Physical Address the same as the Mailing Address?	Yes No (Please provide	physical address.)			
Physical Address	Address Line 1 Address Line 2 City	State	ZIP Co	ode	
Contact (required)	Contact Numbers	Mobile Phone	Home Phone	Business Phone	
Email Address					
Driver's License Number					
Driver's License (required)	Information	State Issued	Date Issued	Expiration Date	
Occupation					
Employer					
Are you a US Citizen?	○ Yes ○ No				
Any questions Important informati To help the government financial institutions to o What this means fo When you open an acco to identify you. We may	ion about procedu fight the funding of ter btain, verify, and recor or you: bunt, we will ask for you also ask to see your d	res for opening a rorism and money lau d information that idea ur name, address, dat river's license or other	a new account: Indering activities, Fedentifies each person who is of birth, and other information in the result of the second s	o opens an account. formation that will allow us	
Agreement (required)	I understand that I will be required to appear in person at a Citizens Bank location to open my account and would like to submit my information				