



Member FDIC | Equal Housing Lender

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New Account Sign Up

First Name:	Last Name:
Submitted on:	

Opening an Account just got easier!

Apply now to get started. One of our friendly representatives will contact you.

Please note: To apply online you must be 18 years or older, a resident of Franklin or a surrounding county, and a legal resident of the United States. All new accounts are verified through ChexSystems.

New or Current Citizens Bank customer(s)? (required)	<input type="radio"/> New <input type="radio"/> Current
Single or Joint Account? (required)	<input type="radio"/> Single <input type="radio"/> Joint

Applicant

First Name (Primary Owner) (required) <i>First Name (Primary Owner)</i>	
Middle Initial (required) <i>Middle Initial</i>	
Last Name (Primary Owner) (required) <i>Last Name (Primary Owner)</i>	
Date of Birth (required) <i>Date of Birth</i>	
Social Security Number (SSN) (required) <i>Social Security Number (SSN)</i>	
Mailing Address (required)	<div style="margin-bottom: 5px;">Address Line 1 _____</div> <div style="margin-bottom: 5px;">Address Line 2 _____</div> <div style="display: flex; justify-content: space-between;"> City _____ State _____ ZIP Code _____ </div>

Is the Physical Address the same as the Mailing Address? (required)	<input type="radio"/> Yes <input type="radio"/> No (Please provide physical address below.)								
Physical Address	Address Line 1 _____ Address Line 2 _____ City _____ State _____ ZIP Code _____								
Contact (required)	<table border="0" style="width: 100%; text-align: center;"> <tr> <td></td> <td>Cell Phone</td> <td>Home Phone</td> <td>Business Phone</td> </tr> <tr> <td>Contact Numbers</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		Cell Phone	Home Phone	Business Phone	Contact Numbers	_____	_____	_____
	Cell Phone	Home Phone	Business Phone						
Contact Numbers	_____	_____	_____						
Email Address (required)									
Driver's License Number (required)									
Driver's License (required)	<table border="0" style="width: 100%; text-align: center;"> <tr> <td></td> <td>State Issued</td> <td>Date Issued</td> <td>Expiration Date</td> </tr> <tr> <td>Information</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		State Issued	Date Issued	Expiration Date	Information	_____	_____	_____
	State Issued	Date Issued	Expiration Date						
Information	_____	_____	_____						
Occupation (required)									
Employer (required)									
Are you a US Citizen? (required)	<input type="radio"/> Yes <input type="radio"/> No								
Account / Product Interests (required)	<input type="checkbox"/> CB Liberty <input type="checkbox"/> CB Loyalty <input type="checkbox"/> CB Legacy <input type="checkbox"/> Citizens Savings <input type="checkbox"/> Citizens Wealth Builder <input type="checkbox"/> Christmas Club <input type="checkbox"/> Certificate of Deposit								
Additional Products	<input type="checkbox"/> Online Banking <input type="checkbox"/> eStatements <input type="checkbox"/> Online Bill Pay <input type="checkbox"/> Mobile Banking <input type="checkbox"/> Mobile Deposit <input type="checkbox"/> Debit Card								
Co-Applicant (If no Co-Applicant please skip to the end.)									
First Name (Primary Owner) <i>First Name</i>									

Middle Initial <i>Middle Initial</i>									
Last Name <i>Last Name</i>									
Date of Birth									
Social Security Number (SSN)									
Mailing Address	Address Line 1 _____ Address Line 2 _____ City _____ State _____ ZIP Code _____								
Is the Physical Address the same as the Mailing Address?	<input type="radio"/> Yes <input type="radio"/> No (Please provide physical address.)								
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Contact (required)	<table border="0"> <tr> <td></td> <td style="text-align: center;">Mobile Phone</td> <td style="text-align: center;">Home Phone</td> <td style="text-align: center;">Business Phone</td> </tr> <tr> <td>Contact Numbers</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		Mobile Phone	Home Phone	Business Phone	Contact Numbers	_____	_____	_____
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Contact Numbers	_____	_____	_____						
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	State Issued	Date Issued	Expiration Date						
Information	_____	_____	_____						
Occupation									
Employer									
Are you a US Citizen?	<input type="radio"/> Yes <input type="radio"/> No								

Any questions? Please call us at 573-237-3051

Important information about procedures for opening a new account:

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.

Agreement (required)	<input type="radio"/> 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
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