Equal Housing Lender | Member FDIC

Privacy Policy

BRCB Personal Checking/Savings Account Application

First Name: Last Name:

Submitted on:

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".
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.

Account Titling Information	
(required)	◯ Individual ◯ Joint

Primary Joint Account Holder Information

First Name	Middle Initial	Last Name

Date of Birth	Social Security No.	Your E-mail Address

Social Security Card *A scan of the front of your Social Security Card*	Please submit this information as an additional attachment.

Driver's License No.	Driver's License State	Issue Date	Exp. Date

Drivers License - Front *A scan of the front of your Drivers License*	Please submit this information as an additional attachment.

Primary Phone	Cell Phone

Address Information	Address Line 1 Address Line 2 City State ZIP Code
Mothers Maiden Name	
Nearest Relative not living with you	
Relatives Address	Address Line 1 Address Line 2 City State ZIP Code
Relationship to Primary-Applicant	
Employer	
Employers Address	Address Line 1 Address Line 2 City State ZIP Code

Joint Account Holder

First Name	Middle Initial	Last Name

Date of Birth	Social Security No.	Your E-mail Address

Social Security Card *A scan of the front of your Social Security Card*	Please submit this information as an additional attachment.

Driver's License No.	Driver's License State	Issue Date	Exp. Date

Drivers License - Front *A scan of the front of your Drivers License*	Please submit this information as an additional attachment.

Primary Phone	Cell Phone

Address Information	Address Line 1 Address Line 2 City State ZIP Code
Mothers Maiden Name	
Nearest Relative not living with you	
Relatives Address	Address Line 1 Address Line 2 City State ZIP Code
Relationship to Co-Applicant	
Employer	
Employers Address	Address Line 1 Address Line 2 City State ZIP Code
I/We would like to apply for the following account(s):	
Checking Accounts	☐ YOU. EMBARK. Checking ☐ YOU. ASPIRE. Checking
Savings Accounts	☐ YOU. SECURE. Savings
Money Market Accounts	☐ YOU. ATTAIN. Money Market
Debit Card	◯ 1 ◯ 2
(required)	☐ I/We AGREE with the above statements.