



Equal Housing Lender | Member FDIC

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## 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

\_\_\_\_\_

Driver's License No.

Driver's License State

Issue Date

Exp. Date

\_\_\_\_\_

Primary Phone

Cell Phone

\_\_\_\_\_

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

**Joint Account Holder**

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
_____	_____	_____

<b>Date of Birth</b>	<b>Social Security No.</b>	<b>Your E-mail Address</b>
_____	_____	_____

<b>Driver's License No.</b>	<b>Driver's License State</b>	<b>Issue Date</b>	<b>Exp. Date</b>
_____	_____	_____	_____

<b>Primary Phone</b>	<b>Cell Phone</b>
_____	_____

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

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

Checking Accounts	<input type="checkbox"/> YOU. EMBARK. Checking <input type="checkbox"/> YOU. ASPIRE. Checking
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Savings Accounts	<input type="checkbox"/> YOU. SECURE. Savings
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Money Market Accounts	<input type="checkbox"/> YOU. ATTAIN. Money Market
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Debit Card	<input type="radio"/> 1 <input type="radio"/> 2
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(required)	<input type="checkbox"/> I/We AGREE with the above statements.
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