

Member FDIC | Equal Housing Lender

City of Detroit Application

First Name:		Last Name:	
Submitted on:			
Terms			
Privacy Policy: Our privacy policy protects the	ne privacy of your persona	lly-identifying information that y	ou provide us online.
Account Applicant must work A copy of your valid current account opening process.		front and back) and City of Detr	roit work ID will be required to complete the
law requires all financial inst account or requests a loan/le What this means for you: Whallow us to identify you. We Security Notice:	quirements: To help the guitutions to obtain, verify, arease. nen you open an account, may also ask to see your of the guite	overnment fight the funding of to not record information that identi we will ask for your name, addr driver's license or other identifyi	
Instructions: 1. Complete Application and 2. To safeguard your privacy memory when you quit your	click "Submit Application" , QUIT your browser and browser. he location of our closest of	restart it again after using this fo office for you to sign a signature	test security enhancements. If you don't have the orm. This form is NOT saved in your computer's e card. You will also be required to show your City
	·	nary Account Holder Information	n
First Name) 	Middle Initial	Last Name
Address Information	Address Line 1		
(required) No P.O.Boxes	Address Line 2		
	City	State	ZIP Code
Date of Birth	Soc	ial Security No.	Your E-mail Address

Driver's License	No. Driver's License State	Issue Date	Expire Date
Please upload a copy of your valid current Driver's License/State ID, front and back, and your City of Detroit work ID. (required)	Please submit this information as an additional attachr	ment.	
	Home/Cell Phone	Work Phone	
Occupation (required)			
Employer (required)			
Mothers Maiden Name (required)			
	Tell us more about you:		
Are you a current or former official in any branch of government? (required) U.S. Government, including local, city, county, state or national office			
If yes, please enter current or former place/positions held e.g., City Council Member of Detroit, Former Treasurer of Detroit			
What type of account are you interested in opening? (required) Checking account eligibility requirements will apply. Checking account eligibility can be reviewed, upon customer request, after a savings account remains in good standing for 12 months.	Simply Free Checking First Personal Savings Tell us about your typical monthly accou		

Deposits (required) What type of deposits will you make? Check all that apply.	☐ Cash ☐ Checks
	
	ATM Cash ATM Check
	Mobile Deposit Popmoney for deposits
	TransferNOW for deposits Internal Transfer (Online, Telephone, etc.)
Estimated Monthly Deposits (required) What are your estimated total monthly deposits?	Less than \$3,000 \$3,000 - \$10K
tetal mentiny deposite.	\$10K+
Withdrawals (required) What type of withdrawals will you make? Check all that apply.	Cash Withdrawals Writing Checks
	☐ Cashing Checks ☐ Wire Transfer outgoing
	Debit Card ATM Withdrawal
	☐ Popmoney ☐ TransferNOW
	☐ Bill Pay ☐ Internal Transfer (Online, Telephone, etc.)
Estimated Monthly Withdrawal (required) What are your estimated total monthly withdrawals?	Less than \$3,000 \$3,000 - \$10K
	○ \$10K+
Are any electronic ACH transfers international? (required)	N/AYes
	○ No

Are any wire transfers international? (required)	○ N/A○ Yes○ No
Authorization (required)	I AGREE that I authorize First Independence Bank to make any investigation of my credit, either directly or through any agency. I understand that First Independence Bank will retain this application and any other credit information, even if this account is not opened.