



Member FDIC | Equal Housing Lender

City of Detroit Application

First Name:	Last Name:
Submitted on:	

Terms

Privacy Policy:
Our privacy policy protects the privacy of your personally-identifying information that you provide us online.

Account Applicant must work for **the City of Detroit**.
A copy of your valid current Driver's License/State ID (front and back) and City of Detroit work ID will be required to complete the account opening process.

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 individual or legal entity who opens an account or requests a loan/lease.
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 will also be required to show your City of Detroit work ID and Primary Identification at the branch..

Primary Account Holder Information

First Name	Middle Initial	Last Name
_____	_____	_____

Address Information (required) <i>No P.O.Boxes</i>	Address Line 1 _____		
	Address Line 2 _____		
	City _____	State _____	ZIP Code _____

Date of Birth _____	Social Security No. _____	Your E-mail Address _____
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Driver's License No.	Driver's License State	Issue Date	Expire Date
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Please upload a copy of your valid current Driver's License/State ID, front and back, and your City of Detroit work ID. <i>(required)</i>	Please submit this information as an additional attachment.
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Home/Cell Phone	Work Phone
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Occupation (required)	
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Employer (required)	
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Mothers Maiden Name (required)	
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Tell us more about you:

<p>Are you a current or former official in any branch of government? (required)</p> <p><i>U.S. Government, including local, city, county, state or national office</i></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>If yes, please enter current or former place/positions held</p> <p><i>e.g., City Council Member of Detroit, Former Treasurer of Detroit</i></p>	
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<p>What type of account are you interested in opening? (required)</p> <p><i>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.</i></p>	<p><input type="checkbox"/> Simply Free Checking</p> <p><input type="checkbox"/> First Personal Savings</p>
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Tell us about your typical monthly account usage:

<p>Deposits (required) <i>What type of deposits will you make? Check all that apply.</i></p>	<p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Checks</p> <p><input type="checkbox"/> Wire Transfer incoming</p> <p><input type="checkbox"/> ACH (direct deposit: SSA, payroll, etc.)</p> <p><input type="checkbox"/> ATM Cash</p> <p><input type="checkbox"/> ATM Check</p> <p><input type="checkbox"/> Mobile Deposit</p> <p><input type="checkbox"/> Popmoney for deposits</p> <p><input type="checkbox"/> TransferNOW for deposits</p> <p><input type="checkbox"/> Internal Transfer (Online, Telephone, etc.)</p>
<p>Estimated Monthly Deposits (required) <i>What are your estimated total monthly deposits?</i></p>	<p><input type="radio"/> Less than \$3,000</p> <p><input type="radio"/> \$3,000 - \$10K</p> <p><input type="radio"/> \$10K+</p>
<p>Withdrawals (required) <i>What type of withdrawals will you make? Check all that apply.</i></p>	<p><input type="checkbox"/> Cash Withdrawals</p> <p><input type="checkbox"/> Writing Checks</p> <p><input type="checkbox"/> Cashing Checks</p> <p><input type="checkbox"/> Wire Transfer outgoing</p> <p><input type="checkbox"/> Debit Card</p> <p><input type="checkbox"/> ATM Withdrawal</p> <p><input type="checkbox"/> Popmoney</p> <p><input type="checkbox"/> TransferNOW</p> <p><input type="checkbox"/> Bill Pay</p> <p><input type="checkbox"/> Internal Transfer (Online, Telephone, etc.)</p>
<p>Estimated Monthly Withdrawal (required) <i>What are your estimated total monthly withdrawals?</i></p>	<p><input type="radio"/> Less than \$3,000</p> <p><input type="radio"/> \$3,000 - \$10K</p> <p><input type="radio"/> \$10K+</p>
<p>Are any electronic ACH transfers international? (required)</p>	<p><input type="radio"/> N/A</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

Are any wire transfers international? (required)	<input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No
Authorization (required)	<input type="checkbox"/> 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.