



Personal Checking/Savings Account Application Form

First Name:

Last Name:

Submitted on:

**Privacy Policy**

**Privacy Policy:**

Privacy and safety are important to us. Our [privacy policy](#) protects the privacy of your personally-identifying information that you provide us online.

**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" or fax it to (909) 465-1279.
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.

**Primary Joint Account Holder Information**

First Name

Middle Initial

Last Name

\_\_\_\_\_

Mother's Maiden Name

Social Security No.

Your E-mail Address

Date of Birth

\_\_\_\_\_

Driver's License No.

Driver's License State

Issue Date

Expiration Date

\_\_\_\_\_

Home Phone

Cell Phone

Work Phone

\_\_\_\_\_

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

Mailing Address [if different from physical address]	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Subject to backup withholding	<input type="radio"/> Yes <input type="radio"/> No
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**Joint Account Holder (with right of survivorship)**

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

<b>Mother's Maiden Name</b>	<b>Social Security No.</b>	<b>Your E-mail Address</b>	<b>Date of Birth</b>
_____	_____	_____	_____

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

<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>
_____	_____	_____

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

Mailing Address [if different from physical address]	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Subject to backup withholding	<input type="radio"/> Yes <input type="radio"/> No
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**Account Titling Information**



(required)

I/We AGREE with the above statement