



www.opbc.com - (800) 997-7121 - #NotYourOrdinaryBank

Switch Kit

First Name: _____ Last Name: _____

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

Account Holders must reside in **County, State**.

Security Notice: ONLY fill out this form on-line if you are using a browser with the latest security enhancements. If you do not have the latest version, download it now. This form is NOT cached (saved in your computer's memory) when you QUIT your browser.

Instructions:

1. Complete this questionnaire and click "Submit" or print and fax it to 000-000-0000.
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.

The purpose of this questionnaire is for us to gather some information, so you can begin the application process. All applications are subject to approval. Please note that Primary and Joint account holders will need to sign an official account form in person at one of our offices before the account can be opened. For your own account security, we'll also need to photocopy your driver's license(s), or other form of ID, so we can have it on file to accurately identify you in the future.

Individual Account

	Name
(required)	_____
Street Address	Address Line 1 _____
	Address Line 2 _____
	City _____ State _____ ZIP Code _____
Mail Address if different	Address Line 1 _____
	Address Line 2 _____
	City _____ State _____ ZIP Code _____

(required)	Home Phone	Work Phone	E-mail Address
	_____	_____	_____

Joint Account

(required)	Name

Street Address	Address Line 1
	Address Line 2
	City _____ State _____ ZIP Code _____

Mail Address if different	Address Line 1
	Address Line 2
	City _____ State _____ ZIP Code _____

(required)	Home Phone	Work Phone	E-mail Address
	_____	_____	_____

Primary Account Holder Information

(required)	Social Security Number	Date of Birth
	_____	_____

Driver's License Number	Expiration Date
_____	_____

(required)	Alternate Access Code	Employer	Position
	_____	_____	_____

Joint Account Holder Information

(required)	Social Security Number	Date of Birth
	_____	_____

Driver's License Number	Expiration Date
_____	_____

(required)	Alternate Access Code	Employer	Position
	_____	_____	_____

I would like to open

Personal Checking

Business Checking

Money Market

Statement Savings

CD

IRA

I/we would like an
ATM/CheckCard

I/we would like transfer
capabilities at the ATM and online.

I/we would like free online
access to account(s).

Number of ATM/CheckCard Cards