Member FDIC | Equal Housing Lender

Privacy Statement

Switch Kit

First Name: Last Name:

Submitted on:

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

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

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

Home Phone **Work Phone** **E-mail Address**

Joint Account

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

Home Phone	Work Phone	E-mail Address

Primary Account Holder Information

Social Security Number	Date of Birth

Driver's License Number	Expiration Date

Alternate Access Code	Employer	Position

Joint Account Holder Information

Social Security Number	Date of Birth

Driver's License Number	Expiration Date

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	