

North Brookfield SAVINGS BANK

NorthBrookfieldSavingsBank.com



CHECKING / SAVINGS ACCOUNT APPLICATION

First Name:

Last Name:

Submitted on:

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

Account Holders must reside in the **State of Massachusetts**

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 508-867-7574.
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

(required)	First Name	Middle Initial	Last Name
	_____	_____	_____
(required)	Date of Birth	Social Security No.	Email Address
	_____	_____	_____
(required)	Driver's License No.	Driver's License State	
	_____	_____	
(required)	Home Phone	Work Phone	
	_____	_____	

Address Information (required)	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Joint Account Holder (with right of survivorship)			
(required)	First Name	Middle Initial	Last Name
(required)	Date of Birth	Social Security No.	Email Address
(required)	Driver's License No.	Driver's License State	
(required)	Home Phone	Work Phone	
Address Information	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Account Titling Information			
	<input type="radio"/> Individual <input type="radio"/> Joint <input type="radio"/> In Trust For <input type="radio"/> Custodial		
In Trust For (required)	Name	Social Security No.	
Custodial (required)	Name	Social Security No.	
I/We would like to apply for the following account(s):			

Checking Accounts	<input type="checkbox"/> Free Checking Plus <input type="checkbox"/> 18/65 Free Checking Plus <input type="checkbox"/> Now Account <input type="checkbox"/> Teen Checking (for students) <input type="checkbox"/> Free Business Checking
Savings Accounts	<input type="checkbox"/> Statement Savings <input type="checkbox"/> Passbook Savings <input type="checkbox"/> Vacation Club Account <input type="checkbox"/> Holiday Club Account <input type="checkbox"/> High Five Savings (for students) <input type="checkbox"/> Business Statement Savings
Money Market Accounts	<input type="checkbox"/> Premium Tiered Money Market Account <input type="checkbox"/> Business Premium Money Market Account

By submitting this application, I (each person jointly and severally) apply for the account(s) and Check/ATM card(s) listed above and a personal identification number. As an account owner, I am subject to all of its bylaws and rules as amended from time to time. I certify that all information given is correct. I understand and agree that for all accounts for / or, any one of us opens in the future is governed by this application, and all persons listed here will be owners, except as provided as follows: If I wish an account to have (as applicable) fewer, additional, or different owner(s), a completed, signed application for the specific account must be submitted to and accepted by **North Brookfield Savings Bank**.

I agree to the terms and conditions for any accounts or services that I have now or in the future, and as they change from time to time. I agree at any time you may request information from others about my credit or accounts and that you provide to others experience information about me or my accounts with **North Brookfield Savings Bank**.

By clicking the Submit Form button below, I/We AGREE with the above statement