



CUSTOMER INFORMATION SHEET

PRIMARY ACCOUNT HOLDER

Name:

Street Address:

City:

State:

Zip:

Home Phone: () -

Work Phone: () -

Mobile Phone: () -

Driver's License #:

DL Expiration Date:

Employer:

Position/Title:

Email Address:

JOINT ACCOUNT HOLDER (IF APPLICABLE)

Name:

Street Address:

City:

State:

Zip:

Home Phone: () -

Work Phone: () -

Mobile Phone: () -

Driver's License #:

DL Expiration Date:

Employer:

Position/Title:

Email Address:

ACCOUNTS AND SERVICES

Accounts and Services that you currently use or are interested in:

- Regular Checking Account
- Interest Bearing Checking Account
- Savings Account
- Certificate of Deposit
- Other _____
- ATM Card
- Debit Card*
- Internet Banking
- Online Bill Pay
- *Pending approval
- Credit Card*
- Safe Deposit Box
- Consumer Loan*
- Mortgage Loan*
- Home Equity Loan*