

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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Regular Checking Account | <input type="checkbox"/> ATM Card | <input type="checkbox"/> Credit Card * |
| <input type="checkbox"/> Interest Bearing Checking Account | <input type="checkbox"/> Debit Card * | <input type="checkbox"/> Safe Deposit Box |
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Internet Banking | <input type="checkbox"/> Consumer Loan * |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Online Bill Pay | <input type="checkbox"/> Mortgage Loan * |
| <input type="checkbox"/> Other _____ | *Pending approval | <input type="checkbox"/> Home Equity Loan * |