



Personal Deposit Account Application

Account Type Information:

Type of Account:

Transaction Accounts (choose one below)

- Basic Checking
SmartChoice Checking
Preferred Checking

Savings Accounts (choose one below)

- Savings Account
Money Market Account
Certificate of Deposit

Term: \_\_\_\_\_

Ownership: Individual Joint with Rights of Survivorship

Title of Account: \_\_\_\_\_

Applicant Information:

First Name: Middle: Last:

Address: Date of Birth:

City, State, Zip: Soc Sec Number:

Home Phone #: Cell Phone #:

Email Address: \_\_\_\_\_

Employer: Occupation:

Title/Position: Work Phone #:

Other Applicant Information:

- Joint Owner Authorized Signer Power of Attorney
Payable on Death Beneficiary Other:

First Name: Middle: Last:

Address: Date of Birth:

City, State, Zip: Soc Sec Number:

Home Phone #: Cell Phone #:

Email Address: \_\_\_\_\_

Employer: Occupation:

Title/Position: Work Phone #:

Certification:

By signing below, you authorize us to check your credit account and employment history and/or have a credit reporting agency prepare a credit report on you. I certify that everything stated in this application is correct.

Print Name

Print Name

Signature

Signature

Date

Date