

PERSONAL ACCOUNT APPLICATION

NEW CUSTOMER PRESENT CUSTOMER

 FORMER CUSTOMER _____

SERVICE	CYCLE TYPE	SERVICE CHG. CODE	ACCOUNT NUMBER	LEGAL TITLE OF ACCOUNT AND MAILING ADDRESS
<input type="checkbox"/> DDA ACCOUNT				LEGAL TITLE OF ACCOUNT
<input type="checkbox"/> INTEREST CHECKING				
<input type="checkbox"/> SAVINGS ACCOUNT				
<input type="checkbox"/> MONEY MKT. SAVINGS ACCT.				
<input type="checkbox"/> CERTIFICATE OF DEPOSIT				MAILING ADDRESS
<input type="checkbox"/> TD - OPEN ACCOUNT				CITY STATE ZIP
<input type="checkbox"/> SAFE DEPOSIT				
<input type="checkbox"/>				

OWNERSHIP CODE SOLE OWNER JT. WRS POA FIDUCIARY IN TRUST FOR:
 AUTHORIZED SIGNER JT. WITHOUT RS TRUST PAYABLE ON DEATH:

NAME _____ PRESENT ADDRESS (If different from above mailing address) _____ YRS. AT PRESENT ADDRESS _____ OWN RENT _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____ BIRTHDATE _____ SOCIAL SECURITY NO. _____ DRIVERS LICENSE NO. & STATE _____

EMPLOYER _____ BUSINESS PHONE _____ YRS EMPLOYED _____ POSITION _____ EMAIL ADDRESS _____

NEAREST RELATIVE NOT LIVING WITH YOU _____ PHONE _____ RELATIONSHIP _____

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____ BIRTHDATE _____ SOCIAL SECURITY NO. _____ DRIVERS LICENSE NO. & STATE _____

RELATIONSHIP TO ABOVE SIGNER _____ EMPLOYER _____ BUSINESS PHONE _____ HOW LONG EMPLOYED _____ POSITION _____

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____ BIRTHDATE _____ SOCIAL SECURITY NO. _____ DRIVERS LICENSE NO. & STATE _____

RELATIONSHIP TO ABOVE SIGNER _____ EMPLOYER _____ BUSINESS PHONE _____ HOW LONG EMPLOYED _____ POSITION _____

CERTIFICATE OF DEPOSIT OR T.D.	AMOUNT OF DEPOSIT	DATE OF DEPOSIT	MATURITY DATE	ANNUAL PERCENTAGE YIELD	INTEREST PAYABLE	INTEREST PAYMENT METHOD
	SOURCE OF FUNDS		SIMPLE INTEREST RATE	COMPOUND INTEREST <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> At Maturity	<input type="checkbox"/> Cashier's Check
	PURCHASER (If different from above Legal Title of Payee)		<input type="checkbox"/> Single Maturity <input type="checkbox"/> Auto. Renewable	FREQUENCY OF COMPOUND	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	<input type="checkbox"/> Cr. Savings Acct. # _____ <input type="checkbox"/> Cr. Checking Acct. # _____ <input type="checkbox"/> Add to CD or TD Bal. <input type="checkbox"/> Hold For Customer

REFERENCE	HEARD ABOUT OUR FINANCIAL INSTITUTION FROM	OTHER FINANCIAL INSTITUTION YOU PRESENTLY USE	SERVICES USED
	<input type="checkbox"/> Friend _____		<input type="checkbox"/> Checking <input type="checkbox"/> SD <input type="checkbox"/> Loan <input type="checkbox"/> Savings <input type="checkbox"/> CD
	<input type="checkbox"/> Fin. Inst. Employee _____	FINANCIAL INSTITUTION YOU PREVIOUSLY USED	<input type="checkbox"/> Checking <input type="checkbox"/> SD <input type="checkbox"/> Loan <input type="checkbox"/> Savings <input type="checkbox"/> CD
	<input type="checkbox"/> Other _____	FINANCIAL INSTITUTION USED BY SPOUSE	<input type="checkbox"/> Checking <input type="checkbox"/> SD <input type="checkbox"/> Loan <input type="checkbox"/> Savings <input type="checkbox"/> CD
	TELECHECK _____	CHEXSYSTEMS _____	SERVICES USED <input type="checkbox"/> Checking <input type="checkbox"/> SD <input type="checkbox"/> Loan <input type="checkbox"/> Savings <input type="checkbox"/> CD

AMOUNT OF INITIAL DEPOSIT _____ NATURE OF INITIAL DEPOSIT _____ CHECK ORDER _____ CHECK CHOICE _____ STARTING NUMBER _____ COVER CHOICE _____ SEND CHECKS TO Financial Instit.

RELATED ACCOUNTS AT THIS FINANCIAL INSTITUTION _____ DIRECT DEPOSIT _____ WHAT MAJOR PURCHASES DO YOU PLAN? _____

COMMENTS AND SPECIAL INSTRUCTIONS _____ OFFICER _____ OPENED BY _____ INPUT BY _____

SIGNATURES

YOU ARE AUTHORIZED TO CHECK CREDIT HISTORY AND TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCES WITH THIS ACCOUNT.

Overdraft Protection Applicants see Reverse Side

APPLICANT INCOME INFORMATION

	Monthly Income
Salary and Wages (gross)	\$
Other Income (describe sources)*	
Total Monthly Income	\$

*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under: court order written agreement oral understanding.

CO-APPLICANT INCOME INFORMATION

	Monthly Income
Salary and Wages (gross)	\$
Other Income (describe sources)*	
Total Monthly Income	\$

*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under: court order written agreement oral understanding.

CO-APPLICANT INCOME INFORMATION

	Monthly Income
Salary and Wages (gross)	\$
Other Income (describe sources)*	
Total Monthly Income	\$

*Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under: court order written agreement oral understanding.