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 interest in:

□ Regular Checking Account
□ Interest Bearing Checking Account
□ Savings Account
□ Individual Retirement Account
□ Certificate of Deposit

□ Health Savings Account

□ ATM Card
□ Debit Card*
□ Internet Banking
□ Online Bill Pay
□ Trust Services

□ Investment Services

□ Credit Card*
□ Safe Deposit Box
□ Consumer Loan*
□ Mortgage Loan*
□ Home Equity Loan*
□ Other _____
_____
_____

*Pending Approval