

### Type of Account and Services Desired (check all that apply)

- Advantage Checking    
  Secure Money Market    
  Secure Savings    
  Secure CD
- 
- E-Statement    
  Paper Statement (Additional charges may apply)    
  Debit Card
- Checks: (Type:  Wallet  Duplicate) Starting # \_\_\_\_\_ (Fees for checks will be assessed by our check vendor)

### Account Owner

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration: \_\_\_\_\_ Please provide copy of DL

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

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ How Long: \_\_\_\_\_

Are you a Nonresident Alien?  Yes  No

### Account Address (Cannot be a P.O. Box)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

### Mailing Address

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

### Account Co-Owner (optional) Please provide copy of Drivers License or Photo I.D.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration: \_\_\_\_\_ Please provide copy of DL

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

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you a Nonresident Alien?  Yes  No

### Payable on Death Beneficiary (optional) Please provide copy of Drivers License or Photo I.D.

A Payable on Death (POD) beneficiary is an individual, group of individuals, non-profit, company, organization, or trust, other than the owner or co-owner, designated by the owner(s) of the account to receive the balance of funds when the last owner on the account passes away.

For additional Payable on Death Beneficiaries, please duplicate this page and complete this section only.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Percentage Payment: \_\_\_\_\_