

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

Secure Money Market Secure CD Secure Advantage Checking Secure Savings

Credit Card Online Banking w/free Bill Pay: Preferred User ID _____
 Debit Card Mobile Banking: Service Provider: (AT&T, Verizon, etc) _____
 Mobile Deposit Type of Device Used: _____
 E-Statement Checks: (Type: Wallet Duplicate) Starting # _____
 Paper Statement Other: _____

Primary Account Holder

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: _____ Position Held: _____ How Long: _____

Account Address

Address: _____
 Address: _____
 City: _____ State: _____ ZIP: _____

Joint Account Holder (optional)

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: _____ Position Held: _____ How Long: _____