



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 interested in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Debit Card* | <input type="checkbox"/> Credit Card* |
| <input type="checkbox"/> Tiered Money Market Account | <input type="checkbox"/> Internet Banking | <input type="checkbox"/> Safe Deposit Box |
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Online Bill Pay | <input type="checkbox"/> Consumer Loan* |
| <input type="checkbox"/> Individual Retirement Account | <input type="checkbox"/> Trust Services | <input type="checkbox"/> Mortgage Loan* |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Investment Services | <input type="checkbox"/> Home Equity Loan* |
| | | <input type="checkbox"/> Other _____ |
| | | _____ |
| | | _____ |

*Pending Approval

