



# New Personal Account Worksheet

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Regular Checking        | <input type="checkbox"/> Interest Checking       | <input type="checkbox"/> Savings               |
| <input type="checkbox"/> Certificate of Deposit  | <input type="checkbox"/> Money Market            | <input type="checkbox"/> Safe Deposit Box      |
| <input type="checkbox"/> Tiered Checking         | <input type="checkbox"/> Green Fund Account      | <input type="checkbox"/> Online Banking        |
| <input type="checkbox"/> ATM/Debit Card          | <input type="checkbox"/> Overdraft Protection    | <input type="checkbox"/> Bill Payment Services |
| <input type="checkbox"/> Credit Cards            | <input type="checkbox"/> Personal Line of Credit | <input type="checkbox"/> E-Statements          |
| <input type="checkbox"/> Golden Oak Money Market | <input type="checkbox"/> Consumer Loan           | <input type="checkbox"/> Mobile Banking        |

Special Recognition: Are you a...  Senior (50 years or older)  Shareholder  Founder

Ownership of Account: Individual\*  Joint Account\*  Trust  CUTMA

Title of Account: \_\_\_\_\_ Opening Deposit: \$ \_\_\_\_\_

How did you hear about Charter Oak Bank? \_\_\_\_\_

**\*Pay on Death - Beneficiary Information (optional):**

Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Social Security Number: \_\_\_\_\_

Signer #1  Existing Customer    CIF # \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Drivers License Number: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_ Expiration

Date: \_\_\_/\_\_\_/\_\_\_ E-Mail Address: \_\_\_\_\_ Verified By: \_\_\_\_\_

Employer (If retired, from what?): \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous/Existing Bank: \_\_\_\_\_

Signer #2  Existing Customer    CIF # \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Drivers License Number: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_ Expiration

Date: \_\_\_/\_\_\_/\_\_\_ E-Mail Address: \_\_\_\_\_ Verified By: \_\_\_\_\_

Employer (If retired, from what?): \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous/Existing Bank: \_\_\_\_\_

*FOR OFFICE USE*

INPUT BY \_\_\_\_\_ DATE \_\_\_\_\_ ACCOUNT #(S) \_\_\_\_\_ CHEX SYSTEMS \_\_\_\_\_

SOURCE OF FUNDS \_\_\_\_\_ OFFICER ASSIGNED \_\_\_\_\_



Signer #3  Existing Customer      CIF # \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ City of Birth \_\_\_\_\_ State: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Drivers License Number: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_ Expiration

Date: \_\_\_/\_\_\_/\_\_\_ E-Mail Address: \_\_\_\_\_ Verified By: \_\_\_\_\_

Employer (If retired, from what?): \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous/Existing Bank: \_\_\_\_\_

Signer #4  Existing Customer      CIF # \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ City of Birth \_\_\_\_\_ State: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Drivers License Number: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_ Expiration

Date: \_\_\_/\_\_\_/\_\_\_ E-Mail Address: \_\_\_\_\_ Verified By: \_\_\_\_\_

Employer (If retired, from what?): \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous/Existing Bank: \_\_\_\_\_

Signer #5  Existing Customer      CIF # \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ City of Birth \_\_\_\_\_ State: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Drivers License Number: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_ Expiration

Date: \_\_\_/\_\_\_/\_\_\_ E-Mail Address: \_\_\_\_\_ Verified By: \_\_\_\_\_

Employer (If retired, from what?): \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous/Existing Bank: \_\_\_\_\_