



# 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"/> Consumer Loan           |  |

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

Ownership of Account: Individual  Joint Account  Trust  CUTMA  SOF \_\_\_\_\_

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

**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 \_\_\_\_\_

Updated 02/15/08 JMJ

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: \_\_\_\_\_