

# NEW CUSTOMER DATA SHEET

Individual – Joint

Please Print:

Date: \_\_\_\_\_

Type of Account: Checking      Savings      CD      Safe Deposit Box

Ownership Type: Individual      Joint

## ACCOUNT OWNER

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

Physical Address: \_\_\_\_\_      Mailing Address  
if different: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_      Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_      Email: \_\_\_\_\_

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

**Primary ID:** *Driver's License, State issued ID, Passport, Govt ID, Military ID, Alien Registration card. Minors: Birth Certificate, Social Security Card, School ID*

Govt. Issued ID#: \_\_\_\_\_      Issued by: \_\_\_\_\_

My photo ID is current/unexpired      YES      NO

US Citizen?      YES      NO

If No: Resident Alien?      YES      NO

Country of Origin: \_\_\_\_\_

**JOINT ACCOUNT OWNER**      or      **AUTHORIZED SIGNER**      or      **POA**      *\*POA requires Notarized Certification of Attorney in Fact form*

If address is the same as above, check box

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

Physical Address: \_\_\_\_\_      Mailing Address  
if different: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_      Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_      Email: \_\_\_\_\_

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

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Govt. Issued ID#: \_\_\_\_\_      Issued by: \_\_\_\_\_

My photo ID is current/unexpired      YES      NO

US Citizen?      YES      NO

If No: Resident Alien?      YES      NO

Country of Origin: \_\_\_\_\_

**PAYABLE ON DEATH DESIGNATION:**      YES      NO

**AUTHORIZED SIGNER DESIGNATION:**      YES      NO

Need information about: Debit Card      Check Order      Online Banking/Bill Pay      Christmas Club      Direct Deposit

Account Number \_\_\_\_\_      CRS \_\_\_\_\_