

Account Owner(s) Name & Residential Address:

Own Rent Other

(Social Security#) (Date of Birth)

(Drivers License # or State ID #) (Expiration Date)

(Home Telephone #) (Years at Address)

(Email Address)

(Birth City) (Mothers Maiden Name)

Employed Full Time **Employed Part Time** **Self Employed**

(Employers Name)

(Employers Address)

(Employers City/State/Zip)

(Employers Telephone)

(Occupation) (Years with Employer)

Student

(School Name)

(School Address)

(School City/State/Zip)

(Year Graduate)

Retired

Name, Address & Telephone # of someone who will always know your location:

Account Number: _____ **Portfolio Number:** _____

Type of Account:

New Existing Checking Savings

Checking Account:

eASY Basic NOW Money Market Senior

Overdraft Protection (check one):

Yes No Amount: _____

Subjected to credit approval. Amount between \$500 and \$2,000.

Ownership of Account – Personal Purpose:

Individual Joint with Survivorship Joint without Survivorship

Trust with a Seperare Agreement

Number of Signature(s) required for a withdrawal: _____

Facsimile Signature(s) allowed: Yes No

Backup Withholding Certifications

TIN: _____

Taxpayer I.D. Number - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.

X _____ (Date)

Signature(s) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

Terms and Conditions **Truth in Savings Disclosure**

Electronic Fund Transfers **Overdraft Priviledge Policy**

Funds Availability **Privacy Statement**

X _____ (Date)

(Primary Signature) (Date)

X _____

(Joint Signature)

(Joint Name - Print)

(Joint Social Security#) (Joint Date of Birth)

(Joint Drivers License # or State ID #) (Joint Expiration Date)

Authorized Signature

X _____

(Authorized Signature)

(Authorized Name - Print)

(Authorized Social Security#) (Authorized Date of Birth)