

PERSONAL DEPOSIT ACCOUNT SETUP FORM

Date _____

Signer 1

Name _____
 SSN _____ Birthdate _____
 Physical Address _____
 City, State, Zip _____
 Mailing Address _____
 City, State, Zip _____
 Phone # _____
 Work # _____
 Fax # _____
 email address _____

Signer 2 (Complete for Joint Accounts)

Name _____
 SSN _____ Birthdate _____
 Physical Address _____
 City, State, Zip _____
 Mailing Address _____
 City, State, Zip _____
 Phone # _____
 Work # _____
 email address _____

If this is a joint account, would you like it setup as _____ Joint w/Right of Survivorship
 OR _____ Joint w/out Right of Survivorship?

FOR ADDITIONAL SIGNERS, PLEASE COMPLETE ANOTHER FORM

Account Type*

*Please complete a setup form for each account you would like to open.

Checking Free _____ Prime Plus _____
 Prime _____ Prime 50 _____
 Shareholder _____
 Savings Regular _____ Youth _____
 Money Market _____
 CD _____ Term: _____ months

(Please provide beneficiary information on separate sheet, if necessary)

For Internal Use Only

Password Form _____	OFAC/Bridger Screen _____	By _____
Check Order Form _____	ID Verification _____	Date _____
Debit Card _____		CIF# _____