

NEW ACCOUNT FORM

Please note: Federal regulation requires that the Financial Institution have on file verification of Customer's Identification

Date: _____

Account Owner and/or Authorized Signer Information Worksheet

Account Owner/Signer Information:

First Name _____ MI: _____ Last Name: _____

d/b/a _____

Street Address* _____

*(Please Note: PO Box Holders must furnish physical address as well as mailing address)

City _____ County _____ State _____ Zip _____

Social Security # _____ - _____ - _____ Date of Birth _____

OFAC Checked _____ ChexSystems _____

Home Phone# _____ Work Phone# _____ Fax# _____

Cellular# _____ E-mail (Optional) _____

Driver's License # _____ Issuing State _____ Exp Date _____

(Or other approved photo ID#) _____ Date Issued _____

Employer _____ Occupation _____

Type of Account _____

Interest Rate _____ % Annual Percentage Yield _____ % Term (if applicable) _____

Amount of Opening Deposit \$ _____ or Current Balance \$ _____

Source of Funds: Check _____ Cash _____ Internal Transfer _____ (Account #) _____

Special instructions or comments _____

In order to better serve you, do you need: Safe Deposit Box _____ CDs _____ Loans _____

The Information I have provided is correct to the best of my knowledge. I authorize **First Trust & Savings Bank** to check credit and /or employment history should it deem necessary.

Date _____
(Signature of account owner or authorized signer)

Financial Institution Use: Branch _____

Employee _____

Revised October 2012