



Account Owner Information:

First Name _____ MI: _____ Last Name _____

Street Address*: _____

*(Please note: PO Box holders must furnish physical address as well as mailing address)

City _____ State _____ Zip + 4: _____ - _____

Social Security #: _____ - _____ - _____ Date of Birth: _____ Home Phone# _____

Cellular# _____ E-mail (optional) _____

Employer: _____ Occupation: _____

Work phone # _____ In what country are you a citizen: _____

Driver's License Number: _____ Issuing State _____ Exp. Date: _____

(OR other approved photo ID#)

Issue date (if any): _____

***Please note: Federal regulation requires that the Bank have on file verification of customer's identification. Please provide two forms of identification.**

Type of Account: _____

Amount of Opening Deposit: \$ _____

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

EFT Activity ___ Yes ___ No

Wire Transfer Activity ___ Yes ___ No

Deposit and Withdrawal Activity ___ Yes ___ No

Large Cash Deposits or Withdrawals ___ Yes ___ No

The information I have provided is correct to the best of my knowledge. I authorize Citizens Deposit Bank to check credit and/or employment history should it deem necessary.

X _____
(Signature of account owner)

Date _____

Bank Use: Branch: _____ Employee: _____

Risk Rating 0 being lowest 5 being highest: _____
