

DATE: _____



CUSTOMER #: _____

ACCOUNT #: _____

Est. 1891

Banking like it oughta be!

PERSONAL DEPOSIT ACCOUNT APPLICATION

NAME ON ACCOUNT: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

(IF DIFFERENT)

SERVICES REQUESTED: Star Checking (Free Checking) Gold Star Money Market Online Banking
 Shooting Star Checking CD/IRA E-Statements
 Gold Star Savings Safe Deposit Box Debit Card

ACCOUNT HOLDER INFORMATION

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ BUSINESS PHONE: _____

DL NUMBER: _____ STATE ISSUED: _____ EXPIRATION DATE: _____

SOCIAL SECURITY NUMBER: _____ EMAIL ADDRESS: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYMENT ADDRESS: _____

Are you a U.S. Citizen? YES NO

 X _____
SIGNATURE

 X _____
DATE

ACCOUNT HOLDER INFORMATION

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EMPLOYMENT ADDRESS: _____

Are you a U.S. Citizen? YES NO

 X _____
SIGNATURE

 X _____
DATE

▶▶▶ **WOULD YOU LIKE TO DESIGNATE A BENEFICIARY(S) FOR THIS ACCOUNT?** Yes No

IMPORTANT INFORMATION ABOUT ACCOUNT OPENING PROCEDURES- Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

BANK USE ONLY

OPENING DEPOSIT: _____ SOURCE OF FUNDS: _____ GRADE: _____

PREVIOUS BANK: _____ REFERRED BY: _____

OFFICER/BRANCH #: _____ OPENING PROCESS: _____

OPENING NEW ACCOUNTS REP: _____ WDCIP DATE VERIFIED: _____

RELATED ACCOUNTS: _____