

**COMMUNITY STATE BANK  
CONSUMER ACCOUNT APPLICATION**

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, federal requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**Type of Account**

- Checking
- Savings
- Certificate of Deposit
- ATM/Debit Card

**Product Ownership**

- Single Ownership
- Joint (Right of Survivorship)
- Joint (No Right to Survivorship)
- Payable on Death

Purpose of account \_\_\_\_\_

How will account be accessed (i.e., checks, regular withdrawals, debit card, ATM card, Internet, etc.) \_\_\_\_\_

Reason for banking with us \_\_\_\_\_

**SECTION A – INFORMATION REGARDING APPLICANT**

Last Name \_\_\_\_\_ First \_\_\_\_\_ M/I \_\_\_\_\_ DOB \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Date of Exp. \_\_\_\_\_ State Issued \_\_\_\_\_

State ID Card No. \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Date of Exp. \_\_\_\_\_ State Issued \_\_\_\_\_

Social Security No. \_\_\_\_\_ How long at Current Address? \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Present Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address (if at current address less than 5 years)

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Present Employer \_\_\_\_\_ Occupation \_\_\_\_\_ # years \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ Password \_\_\_\_\_ Nearest Relative \_\_\_\_\_ Phone# \_\_\_\_\_

Email Address \_\_\_\_\_

**SECTION B – INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY**

Last Name \_\_\_\_\_ FristName \_\_\_\_\_ M/N \_\_\_\_\_ DOB \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Date of Exp. \_\_\_\_\_ State Issued \_\_\_\_\_

State ID Card No. \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Date of Expiration \_\_\_\_\_ State Issued \_\_\_\_\_

Social Security No. \_\_\_\_\_ How long at Current Address? \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Present Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address(if at current address less than 5 years)

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

PresentEmployer \_\_\_\_\_ Occupation \_\_\_\_\_ #years \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

\_\_\_\_\_ Password \_\_\_\_\_ Nearest Relative \_\_\_\_\_ Phone# \_\_\_\_\_

Email address \_\_\_\_\_

I authorize you to request and obtain one or more credit reports about me from one or more credit reporting agencies for the purposes of considering my application for the Account, reviewing or collecting any Account opened for me, or for any other legitimate business purpose. I authorize you to disclose information about my account to credit reporting agency if my Account was closed because I have abused it.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date