

New Account Form

 Individual Account Joint Account

Name

Mailing Address

City State Zip

Mailing Address (If Different)

Home Phone Work Phone

Date of Birth

Social Security Number Drivers License Number State Issue Date Ex. Date

E-mail Address

If Joint Account, please complete the following.

Name

Mailing Address

City State Zip

Mailing Address (If Different)

Home Phone Work Phone

Date of Birth

Social Security Number Drivers License Number State Issue Date Ex. Date

E-mail Address

Please check one of the following:

- | | |
|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Joint With Right of Survivorship |
| <input type="checkbox"/> Payable-On-Death | <input type="checkbox"/> In Trust For (Totten Trust) |
| <input type="checkbox"/> UTMA/UGMA | <input type="checkbox"/> Revocable Trust |

Checking Accounts

- | | |
|---|---|
| <input type="checkbox"/> View | <input type="checkbox"/> Horizon Interest |
| <input type="checkbox"/> Horizon | <input type="checkbox"/> Vista |
| <input type="checkbox"/> Horizon Senior | <input type="checkbox"/> Vista Smart |

Saving/Money Market Accounts

- | |
|---|
| <input type="checkbox"/> Personal Savings |
| <input type="checkbox"/> Youth Savings |
| <input type="checkbox"/> Money Market |

Other Services

- | |
|---|
| <input type="checkbox"/> Visa Check Card |
| <input type="checkbox"/> Check Order |
| <input type="checkbox"/> Safe Deposit Box (if applicable) |

Certificate of Deposit

- | |
|------------------------------|
| <input type="checkbox"/> CD |
| <input type="checkbox"/> IRA |

Internal Use ONLY

Branch Employee Account #

Deposit Amount Cash Check Account Info. Code: Type Class AML Score

NAICS/SIC Code Referred By Opened By

System used to verify customer:

-
- Customer ID
-
- Chexsystem
-
- OFAC

If a new customer: AML Risk Level

-
- Low
-
- Medium
-
- High

