



# New Customer Application

IMPORTANT ACCOUNT OPENING INFORMATION: 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.

Account Type: Checking \_\_\_ Savings \_\_\_ CD \_\_\_ Safe Deposit Box \_\_\_ IRA \_\_\_

Account Ownership: Individual \_\_\_ Joint \_\_\_

Date of Application: \_\_\_\_\_ Opening Deposit: \$ \_\_\_\_\_ U.S. Citizen: Yes / NO

Applicant's Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Current Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

How Long at Current Address: \_\_\_\_\_

If less than 2 years at current address, previous address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

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

Phone Number:(H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Identification Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(DL, permit, etc.)

Present Employer and Position: \_\_\_\_\_ How Long: \_\_\_\_\_  
(If retired, state previous employer/position)

If less than 2 years at current employment, previous employer: \_\_\_\_\_

Previous Financial Institution: \_\_\_\_\_

## Beneficiary Information (Additional beneficiaries may be listed on the back)

Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

### Account Services

(Please check services you are interested in)

- \_\_\_ Debit Card      \_\_\_ Online Banking
- \_\_\_ ATM Card      \_\_\_ Voice Banking
- \_\_\_ Credit Card    \_\_\_ Overdraft Protection

### Account Activity Anticipated

- Estimated cash deposited each month: \$ \_\_\_\_\_
- Estimated checks deposited each month: \$ \_\_\_\_\_
- Estimated wired transfers each month: \$ \_\_\_\_\_

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I authorize you to check my credit account and employment history and/or have a credit reporting agency prepare a credit report on me, as an individual, anytime an account is opened or a change is made. I also authorize you to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please let us know why you chose Miners National Bank as your Financial Institution.

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