

# BANK OF KILMICHAEL

[www.bankofkilmichael.com](http://www.bankofkilmichael.com)

## PERSONAL ACCOUNT INFORMATION

**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.

Type of Account Applying for: \_\_\_ Checking \_\_\_ Savings \_\_\_ Certificate of Deposit \_\_\_ Debit Card

### OWNERSHIP OF ACCOUNT

\_\_\_ Individual \_\_\_ Joint-With Survivorship \_\_\_ Pay on Death Beneficiary: Name(s): \_\_\_\_\_

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

D/L No.: \_\_\_\_\_ State: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Name and Address of Nearest Relative Not Living with You: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

## JOINT APPLICANT INFORMATION

Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

D/L No.: \_\_\_\_\_ State: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Position/Title: \_\_\_\_\_

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. 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: \_\_\_\_\_

Co-applicant's signature: \_\_\_\_\_

## CIP CHECKLIST (for bank use only)

- D/L     I/D Card     Alien Visa/Passport     OFAC     Chexsystems     OVD Request  
 Guardianship     Letters of Testamentary (Estate/Admin)    Risk Assessment \_\_\_\_\_ by \_\_\_\_\_