

# Account Owner and/or Authorized Signer Information Worksheet

## Account Owner/ Signer Information:

First Name \_\_\_\_\_ MI: \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address\*: \_\_\_\_\_

\_\_\_\_\_  
*\*(Please note: PO Box holders must furnish physical address as well as mailing address)*

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4: \_\_\_\_\_ - \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Password: \_\_\_\_\_

Home phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_

Cellular # \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(OR other approved photo ID#)

Issue date (if any): \_\_\_\_\_

*\*Please note: Federal regulation requires that the Bank have on file verification of customer's identification. Please attach a photocopy of driver's license or other photo identification if requested*

Type of Account: \_\_\_\_\_

Interest rate: \_\_\_\_\_% Annual Percentage Yield: \_\_\_\_\_% Term (if applicable): \_\_\_\_\_

Amount of Opening Deposit: \$ \_\_\_\_\_ or Current Balance \$ \_\_\_\_\_

Source of Funds: Check \_\_\_\_\_ Cash \_\_\_\_\_ Internal Transfer: \_\_\_\_\_ (Account # \_\_\_\_\_)

Special Instructions or comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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The information I have provided is correct to the best of my knowledge. I authorize BANK NAME to check credit and/or employment history should it deem necessary.

Verification of all account information provided by VERIFICATION SERVICE NAME.

X \_\_\_\_\_  
(Signature of account owner or authorized signer)

Date \_\_\_\_\_

Bank Use: Branch: \_\_\_\_\_ Employee: \_\_\_\_\_