

Consumer

APPLICATION

Date: _____ Branch: _____

Bank Employee: _____

What type of account are you interested in today?

Checking Savings Money Market Certificate of Deposit Safety Deposit Box

How do you plan to own this account?

Individual Joint POD Fiduciary

Are you an existing customer of Home Banking Company? Yes No

Information needed to open an account: (See reverse side for additional individuals)

Name (1): _____

Physical Address: _____

Mailing Address (if different): _____

SSN or ITIN: _____

Date of Birth: _____

Driver's License Number: _____ State: _____ Issue Date: _____ Expiration Date: _____

Other Identification (if applicable): _____

Phone Numbers: {Cell} _____ {Home} _____ {Work} _____

Email Address: _____

Employer/ Occupation: _____

Employer Address: _____

Are you a US Person? Yes No If no, are you a nonresident alien? Yes No

*If you are a nonresident alien, please provide a copy of your nonresident alien ID.

How do you plan to fund this account?

Cash Check Transfer Wire

Will you have any direct deposits coming into this account? Yes No

Are you interested in Online Banking? Yes No

Do you expect to use any of the following bank services?

Wire Transfers Purchasing Official Checks
 International Transactions ACH transactions (In or Out)

Additional comments/ information:

Information needed for additional owners, signers, and beneficiaries:

Name (2): _____

Physical Address: _____

Mailing Address (if different): _____

SSN or ITIN: _____

Date of Birth: _____

Driver's License Number: _____ State: _____ Issue Date: _____ Expiration Date: _____

Other Identification (if applicable): _____

Phone Numbers: {Cell} _____ {Home} _____ {Work} _____

Email Address: _____

Employer/ Occupation: _____

Employer Address: _____

Name (3): _____

Physical Address: _____

Mailing Address (if different): _____

SSN or ITIN: _____

Date of Birth: _____

Driver's License Number: _____ State: _____ Issue Date: _____ Expiration Date: _____

Other Identification (if applicable): _____

Phone Numbers: {Cell} _____ {Home} _____ {Work} _____

Email Address: _____

Employer/ Occupation: _____

Employer Address: _____

POD (1): _____

Physical Address: _____

SSN or ITIN: _____

Date of Birth: _____

POD (2): _____

Physical Address: _____

SSN or ITIN: _____

Date of Birth: _____

Bank Use Only

Portfolio Number: _____

Circle One (if applicable):

Account Number: _____

Employee Code - 7 Officer Code - 6

Director Code - 5 EOD - 4

Product Type: _____

Risk Rating: Low High

Base Rate (if applicable): _____

Original Date Account Opened: _____

Revision Date (if applicable): _____

Keyed By: _____ Date: _____

Reviewed By: _____ Date: _____