

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): _____ CIP DATE: _____

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 Citizen? Yes No If no, are you a Resident alien? Yes No

*If Yes please provide a copy of your Resident alien ID or foreign passport.

*If **NO**, DO **NOT** OPEN THE ACCOUNT.

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

Does this account need to be added to an existing Bill Pay? 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: _____

What brought the customer to the bank? Referred Advertisement Other

Information needed for additional owners, signers, and beneficiaries:

Name (2): _____ CIP DATE: _____

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): _____ CIP DATE: _____

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): _____ OFAC DATE: _____

Physical Address: _____

SSN OR ITIN: _____ DATE OF BIRTH: _____

POD (2): _____ OFAC DATE: _____

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: _____