



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

Opening Deposit: \$ _____ Type: ☐ Cash ☐ Check Ownership: ☐ Individual ☐ Joint

Account Type: ☐ Checking ☐ Savings ☐ CD ☐ Safe Deposit Box ☐ IRA

Applicant Name: _____
First Middle Last

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

How Long at Physical Address _____ If less than 2 years, previous address: _____
Street
City State Zip

Social Security Number: _____ Date of Birth: _____

Mother's Maiden Name: _____ Birth City & State: _____

Phone Number: (H) _____ (C) _____ (W) _____

Email Address: _____

Identification Number: _____ State: _____ Exp Date: _____

Second ID: ☐ Social Security Card ☐ Debit/Credit Card ☐ Passport ☐ Other _____

Employer: _____ Occupation: _____

How Long: _____ (if less than 6 months, previous employer) _____

Previous Financial Institution: _____

Expected Account Activity:			
Number of Checks Deposited Each Month	0 to 3	4 to 9	10 or More
Number of ACHs Deposited Each Month	0 to 3	4 to 9	10 or More
Wire Transfers Per Month	None	2 or 3	3 or More
Total Amount of Cash Deposited Each Month	< \$1,000	\$1,000-\$2,000	>\$2,000
Money Orders & Cashiers Checks Purchased Per Month	1 or Fewer	2 or 3	4 or More

Account Services: (Please check services you are interested in)

☐ Debit Card ☐ Online Banking ☐ ATM Card ☐ Voice Banking ☐ Credit Card ☐ Overdraft Protection

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.
