

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: <input type="checkbox"/> Cash <input type="checkbox"/> Check	Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint		
Account Type: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> CD	<input type="checkbox"/> Safe Deposit Box	<input type="checkbox"/> 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: <input type="checkbox"/> Social Security Card	<input type="checkbox"/> Debit/Credit Card	<input type="checkbox"/> Passport	<input type="checkbox"/> 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.