



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.

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

Account Ownership: Individual ____ Joint ____

Date of Application: _____ Opening Deposit: \$ _____ U.S. Citizen: Yes / NO

Applicant's Name: _____
(First Name) (Middle Name) (Last Name)

Current Address: _____

Mailing Address: _____

How Long at Current Address: _____

If less than 2 years at current address, previous address: _____

Social Security Number: _____ Date of Birth: _____

City of Birth: _____ Mother's Maiden Name: _____

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

Identification Number: _____ State: _____ Expiration Date: _____
(DL, permit, etc.)

Present Employer/Position: _____ How Long: _____
(If retired, state previous employer/position)

If less than 2 years at current employment, previous employer: _____

Previous Financial Institution: _____

Beneficiary Information

(Additional beneficiaries may be listed on the back)

Full Name: _____ D.O.B: _____

SSN: _____ Phone #: _____ Relation: _____

Address: _____

Account Services

(Please check services you are interested in)

- ____ Debit Card ____ Online Banking
- ____ ATM Card ____ Voice Banking
- ____ Credit Card ____ Overdraft Protection

Account Activity Anticipated

Estimated cash deposited each month: \$ _____

Estimated checks deposited each month: \$ _____

Estimated wired transfers each month: \$ _____

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.
