



New Account 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: Savings _____ Checking _____ CD _____ IRA _____ Safe Deposit Box _____

Account Ownership: Individual _____ Joint _____

Date of Application: _____ Opening Deposit: \$ _____

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

Current Address: _____

Mailing Address: _____

How Long at Current Address: Years _____ Months _____ Circle One: Own/ Rent

Social Security Number: _____ Date of Birth: _____

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

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

Driver's License Number: _____ State: _____

Previous Address: _____
(If less than two years at current address)

Present Employer/Position: _____ Contact Person: _____

How Long: _____ Previous Employer: _____
(If less than 2 years with current employer)

Name and address of nearest relative not living with you:

Phone Number: _____ Relationship: _____

Previous Financial Institution Relationship: _____

Beneficiary Information (Do Not Complete For Safe Deposit Box)

Name: _____
(First Name) (Middle Initial) (Last Name)

D.O.B. _____ SSN: _____ Phone #: _____

Current Address: _____

Account Activity

Dollar Amount of Checks Deposited expected each Month (payroll, social security): _____

Dollar Amount of Wire Transfers expected each Month: _____

Dollar Amount of Cash Deposits expected 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.
