

**WATSON CHAPEL FINANCIAL CENTER
NEW ACCOUNT APPLICATION AND INFORMATION REQUEST FORM**

****IMPORTANT NOTICE****

To help the government fight the funding of terrorism and money laundering activities, **Federal law requires** all financial institutions to obtain, verify and record information that identifies each person who opens an account. **What that means to you:** When you open an account, we will ask for your name, address, date of birth, driver's license, social security card and other information that will allow us to identify you. Thank you for your cooperation.

- **Type of account applying for:** Checking Savings Certificate of Deposit
 Safe Deposit Box IRA
- **Purpose of account:** Consumer Business

OWNERSHIP OF ACCOUNT

- Individual Joint-with survivorship Trust or estate account Sole Proprietorship
- Partnership Limited Liability Company Corporation For Profit Not for Profit
- Other _____

****Joint applicant information on reverse side.**

INDIVIDUAL APPLICANT INFORMATION

*Tax ID# _____ Type • SS • EIN

*Name (First, Middle & Last) _____

*Physical Address _____

Mailing Address (if different) _____

Mother's Maiden Name _____

Have you lived in Arkansas for the past five years? _____ If no, what state _____ *Date of Birth _____

Home Telephone (_____) _____ Cell Phone(_____) _____ DL or ID# _____

State Issued _____ Issue Date _____ Expiration _____ Email _____

Employer _____ How long? _____

Address _____ Telephone (_____) _____

Previous Bank & Address _____

Name of nearest relative not living with you _____ Relationship _____

Address _____ Telephone (_____) _____

Please sign me up for an Electronic Bank Statement (E-Statement).

E-mail address for E-Statement (if different from above) _____

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. 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 Signature _____ Date _____

BANK USE ONLY

****THIS INFORMATION AND THE ABOVE INFO WITH ASTERIKS IS REQUIRED CIP INFORMATION***

- PRIMARY ID TYPE _____ ID# _____ EXP. DATE _____
- SECONDARY ID TYPE _____ ID# _____ EXP. DATE _____
- NON DOCUMENTARY 1 _____
- NON DOCUMENTARY 2 _____

- Tickler Chexsystems OFAC CIP CRA Maintenance Head of Household

JOINT APPLICANT INFORMATION

*Tax ID# _____ Type • SS • EIN

*Name (First, Middle & Last) _____

*Physical Address _____

Mailing Address (if different) _____

Mother's Maiden Name _____

Have you lived in Arkansas for the past five years? _____ If no, what state _____ *Date of Birth _____

Home Telephone (_____) _____ Cell Phone(_____) _____ DL or ID# _____

State Issued _____ Issue Date _____ Expiration _____ Email _____

Employer _____ How long? _____

Address _____ Telephone (_____) _____

Previous Bank & Address _____

Name of nearest relative not living with you _____ Relationship _____

Address _____

Telephone (_____) _____

MINOR AUTHORIZATION

I, _____, certify that my relationship to the above mentioned minor is as follows: _____.

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. 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.

Joint Applicant Signature _____ Date _____

BANK USE ONLY

**THIS INFORMATION AND THE ABOVE INFO WITH ASTERIKS IS REQUIRED CIP INFORMATION*

- PRIMARY ID TYPE _____ ID# _____ EXP. DATE _____
- SECONDARY ID TYPE _____ ID# _____ EXP. DATE _____
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