

New Account Information Sheet

Membership Banking Executive Banking Company: _____

Account # _____ Initial Deposit _____ Source of funds _____ ChexSystems Signer 1 _____
 Opening Date _____ New/Existing _____ Port # _____ ChexSystems Signer 2 _____
 Opened By _____ Resp Code _____ Thank you Letter _____ President's Letter _____
 Trust Certification Doc _____ Documentation Complete _____ Copy of Drivers License _____ Branch # _____

Ownership of Account

- Individual
- Joint
- Payable on Death
- Trust
- Other: _____

Type of Account

- Free Checking
- Budget/Jr. Exec Checking
- Regular Checking
- Super Now Checking
- Advantage Checking
- Student Checking

Ambassador Account

- HSA _____ Family _____ Individual
- Money Market
- Savings _____ Jr. Exec _____ Kids Club
- CD/IRA Term _____
- Int Rate: _____
- Int Method: _____

Please note: Federal regulation requires that the Bank have on file verification of customer's identification. Please attach a photocopy of driver's license or other photo identification if requested.

Primary Signer/Owner _____

Social Security # _____ Date Of Birth _____

Drivers License # & State _____ Mother's Maiden Name _____

Address/City/State/Zip _____

*PO Box holders must furnish physical address as well as mailing address

Home Phone Number _____ Cell Phone Number _____

Place of Employment _____

Address/City/State/Zip _____

*PO Box holders must furnish physical address as well as mailing address

Work Telephone Number _____ Email Address _____

Secondary Signer/Owner _____

Social Security # _____ Date Of Birth _____

Drivers License # & State _____ Mother's Maiden Name _____

Address/City/State/Zip _____

*PO Box holders must furnish physical address as well as mailing address

Home Phone Number _____ Cell Phone Number _____

Place of Employment _____

Address/City/State/Zip _____

*PO Box holders must furnish physical address as well as mailing address

Work Telephone Number _____ Email Address _____

If additional signer information is needed, please complete another form and staple together.

The information I have provided is correct to the best of my knowledge. I authorize Country Club Bank to check credit and/or employment should it deem necessary.

Signature of account owner or authorized signer _____ Date _____

Additional Products

- ATM Card Auto Trsf Bill Pay Credit Card Debit Card Direct Deposit Online Banking Overdraft Protection Transfer Safe Deposit Box