



Personal Account Application

ACCOUNT SET-UP INFORMATION

Account Category/Product: Golden Eagle Checking Account (55+) Personal Checking Account
 Money Market Account NOW Account Student Checking Minor Savings Personal Savings
 CD Account IRA CD Account Safe Deposit Box Other _____

Ownership Type: Convenience Account Uniform Transfers to Minors Act (TUTMA) Account
 Multi-Party Account without Rights of Survivorship Multi-Party Account with Rights of Survivorship
 Guardianship Account Single Party Account POD Payable upon Death Account (Completion of Beneficiary Section is Required)

Account Services: VISA Debit Card Online Banking / Bill Pay Other (Please Describe): _____

NOTE: Additional forms may be required when enrolling in additional services.

PRIMARY APPLICANT INFORMATION

Previous Bank Relationship:

First, Middle, Last Name			Social Security Number		Date of Birth
Street Address (Residence, Physical address is required, No P.O. Boxes)			City	State	Zip
Mailing Address (If Different from Street Address)			City	State	Zip
Home Phone	Business Phone / Ext,		Email Address		
Home Fax	Business Fax		Home Cell	Business Cell	
Employer			Occupation Profession / Title		
Identification Type	ID Number	Expiration Date	State Issued	Place of Issuance	Date of Issuance

JOINT APPLICANT OR CONVENIENCE SIGNER INFORMATION

Previous Bank Relationship:

First, Middle, Last Name			Social Security Number		Date of Birth
Street Address (Residence, Physical address is required, No P.O. Boxes)			City	State	Zip
Mailing Address (If Different from Street Address)			City	State	Zip
Home Phone	Business Phone / Ext,		Email Address		
Home Fax	Business Fax		Home Cell	Business Cell	
Employer			Occupation Profession / Title		
Identification Type	ID Number	Expiration Date	State Issued	Place of Issuance	Date of Issuance

I certify that the above information is true and complete, and authorize you to verify the above information and to obtain further information concerning my credit history and standing and deposit accounts maintained with other institutions.

Primary Applicant Signature X	Date
Joint Applicant Signature X	Date



Personal Account Application

ADD'L JOINT APPLICANT OR CONVENIENCE SGRN INFO				Previous Bank Relationship:		
First, Middle, Last Name			Social Security Number		Date of Birth	
Street Address (Residence, Physical address is required, No P.O. Boxes)			City		State	Zip
Mailing Address (If Different from Street Address)			City		State	Zip
Home Phone		Business Phone / Ext,		Email Address		
Home Fax		Business Fax		Home Cell		Business Cell
Employer			Occupation Profession / Title			
Identification Type	ID Number	Expiration Date	State Issued	Place of Issuance	Date of Issuance	

I certify that the above information is true and complete, and authorize you to verify the above information and to obtain further information concerning my credit history and standing and deposit accounts maintained with other institutions.

Additional Joint Applicant Signature X	Date
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POD BENEFICIARY INFORMATION					
First, Middle, Last Name			Social Security Number		Date of Birth
Street Address (Residence, Physical address is required, No P.O. Boxes)			City		State
Mailing Address (If Different from Street Address)			City		State
Home Phone		Business Phone / Ext,		Email Address	
Home Fax		Business Fax		Home Cell	Business Cell
Employer			Occupation Profession / Title		
Identification Type	ID Number	Expiration Date	State Issued	Place of Issuance	Date of Issuance

FOR BANK USE ONLY

Initial Deposit Source		Initial Deposit Amount		Initial Deposit Method <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other	
CIP Verified By	CIP Date	CIP Discrepancies and Resolution (Indicate "None" if no discrepancies noted.)			
Comments:					
Opened By		Reviewed By		Branch	Officer

Personal Account Application

Estimated Monthly Averages

Deposits			Withdrawals		
Cash	\$	#	Cash	\$	#
Domestic Wires	\$	#	Domestic Wires	\$	#
Foreign Wires	\$	#	Foreign Wires	\$	#
ACH	\$	#	ACH	\$	#

1. Will this account be used for business purposes? (Circle One) YES / NO
 - a. If Yes, What is the business account purpose? (Circle one from list below)
 - i. General Operating Funds
 - ii. Payroll – only
 - iii. Accounts Payable – only
 - iv. Accounts Receivable – only
 - v. Lottery Funds – only
 - vi. Savings – general
 - vii. Savings – specific item
 - viii. Savings – sweep account funds – only
 - ix. Philanthropic
 - x. Escrow funds – IOLTA
 - xi. Landlord / Tenant
 - xii. Political campaign
 - xiii. Estate settlement
 - xiv. Other
 - b. If No, What is the personal account purpose? (Circle one from list below)
 - i. Household/Living Expense
 - ii. Checking – specific purpose
 - iii. Combined household / home business
 - iv. Savings – general
 - v. Savings – specific item
 - vi. Other

2. Source of Funds? _____