



# COMMUNITY NEIGHBOR BANK

## Consumer New Account Application

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This information will help the government fight the funding of terrorism and money laundering activities.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license and/or other identifying documents.

Everything that I have stated is correct to the best of my knowledge. I authorize the Bank to check my credit and employment history. If I request that CNB issue an ATM/Debit card to me each use of the card and PIN or payment promised at any location shall be deemed to be my written authorization to charge or credit my account for the amount and type of transaction and any charges associated with these transactions. I will immediately notify the bank should the card become lost, stolen, or PIN compromised.

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Customer Name - First</b>	<b>Middle</b>	<b>Last</b>
<b>Physical Address <u>(Required)</u></b>	<b>City,</b>	<b>State &amp; Zip Code</b>
<b>Mailing Address <u>(if different)</u></b>	<b>City,</b>	<b>State &amp; Zip Code</b>
<b>Prior Address (if lived at present address less than 2 years)</b>	<b>City,</b>	<b>State &amp; Zip Code</b>
<b>Telephone number <u>(Required)</u> Home: Work:</b>	<b>Email Address</b>	<b>Date of Birth <u>(Required)</u></b>
<b>U S Citizen (Yes) or (No) <u>(Required)</u></b>	<b>If yes, Social Security Number <u>(Required)</u></b>	<b>Mothers Maiden Name <u>(Required)</u></b>
<b>Employer/ Business, or Profession <u>(Required)</u></b>	<b>Name &amp; Address of Nearest Relative not living with you:</b>	<b>Circle Additional Services</b> Debit Card    Direct Deposit  Sign up for free ibanking @ www.cnbal.net

<b>**** BANK USE ONLY****</b>	
Checking# _____	Savings# _____
Date Opened _____	Date Opened _____
Application taken by _____ date _____	Authorized by _____ date _____
Signature card checked _____ Ordered/Date _____ / _____	File maintenance _____ letter _____
Notice of Action reason _____	Notice of action by _____ date _____