



The CITIZENS STATE BANK

Date _____

Checking Account No _____

Savings Account No _____

Individual _____ Joint _____	Checking _____ Savings _____ Both _____
Personal _____ Business _____	If Business Account, will deposits be made from internet gambling revenues. ____ Yes ____ No

Applicant Information

NAME (Last, First, Middle)		SOCIAL SECURITY NO	
BIRTHDATE	TELEPHONE NO. (home)	TELEPHONE NO. (CELL)	
ADDRESS (Street, City, State & Zip)			
MAILING ADDRESS (if different)			
EMPLOYER (Company Name & Address)		BUSINESS PHONE	HOW LONG
MOTHERS MAIDEN NAME	OTHER ACCOUNTS WITH THIS INSTITUTION		
DRIVERS LICENSE NO.	CURRENT ADDRESS DIFFERENT FROM ADDRESS ON DRIVERS LICENSE* ____ Yes ____ No If Yes Reason:		
DEPOSITS FOR ACCOUNT FROM: ____ DIRECT DEPOSIT ____ MAIL ____ IN PERSON		FREQUENCY OF DEPOSITS: ____ WEEKLY ____ BI-WEEKLY ____ MONTHLY ____ TWICE A MONTH	
ARE YOU INTERESTED IN RECEIVING PAPERLESS STATEMENTS? ____ Yes ____ No If Yes: ____ E-STATEMENTS ____ ONLINE STATEMENTS		E-MAIL ADDRESS	

*If the address on your driver's license does not match your current address please update your information as soon as possible. Your account could be closed if the correct information is not obtained within 15 days.

We (the financial institution), reserve the right to make reference calls to check verification companies and/or employers. By signing below you (the applicant), give authority for the institution to request credit bureau reports for rating.

Accounts will not be activated until ALL account holders have signatures and supporting information is obtained.

Primary applicant Signature

Date