

CITIZENS STATE BANK

New Account Application

Date _____

Account No _____

Individual Joint

Checking	Savings	Both
----------	---------	------

Individual Applicant Information

NAME (Last, First, Middle)		
BIRTHDATE	TELEPHONE NO. (HOME & CELL)	SOCIAL SECURITY NO.
ADDRESS (Street, City, State & Zip)		
MAILING ADDRESS		
EMPLOYER (Company Name & Address)	BUSINESS PHONE	HOW LONG
MOTHERS MAIDEN NAME	DRIVERS LICENSE NO.	E-MAIL ADDRESS
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		Relationship
OTHER ACCOUNTS WITH THIS INSTITUTION	REFERRED BY	

Joint Applicant Information

NAME (Last, First, Middle)		
BIRTHDATE	TELEPHONE NO. (HOME & CELL)	SOCIAL SECURITY NO.
ADDRESS (Street, City, State & Zip)		
MAILING ADDRESS		
EMPLOYER (Company Name & Address)	BUSINESS PHONE	HOW LONG
MOTHERS MAIDEN NAME	DRIVERS LICENSE NO.	E-MAIL ADDRESS
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		Relationship
OTHER ACCOUNTS WITH THIS INSTITUTION	REFERRED BY	

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 and application approval purposes.

Primary Applicant Signature Date

Joint Applicant Signature Date