

CROWELL STATE BANK  
NEW ACCOUNT APPLICATION

**Ownership of Personal Account:**

Personal

- Individual
  - Joint
    - With Right of
    - Without Right of Survivorship
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INDIVIDUAL APPLICANT INFORMATION

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Telephone No: \_\_\_\_\_

Cell No.: \_\_\_\_\_ Driver's Lic. No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Employer/Address: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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JOINT APPLICATION INFORMATION

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Telephone No: \_\_\_\_\_

Cell No.: \_\_\_\_\_ Driver's Lic. No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Employer/Address: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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### ADDITIONAL INFORMATION

What is the nature of the account? \_\_\_\_\_

Estimate the volume that will be going through the account. \_\_\_\_\_

Describe the types of transactions you will be processing through the account. \_\_\_\_\_

### SIGNATURES

I certify that everything I have states in this application and on any attachment is correct. You may keep this application whether or not is it approved. By signing below, I authorized you to check my credit account and employment history and/or have a credit report agency prepare a credit report on me. I also authorize you to answer questions others may ask you about my credit record with you. I understand that I must update my credit information at your request if my financial condition changes.

\_\_\_\_\_  
Applicant's Signature                      Date

\_\_\_\_\_  
Joint Applicant's Signature              Date

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### FOR FIANCIAL USE ONLY

Date \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Initial Deposit: \_\_\_\_\_  Cash  Check

Total Risk Rate: \_\_\_\_\_