

## NEW ACCOUNT APPLICATION

### APPLICANT INFORMATION

Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, tax ID number and other information that will allow us to identify you. We may also ask to see and copy your current driver's license or other identifying documents. In all cases, protection of our customer's identity and confidentiality is Community Bank's pledge to you.

Type of Account Applying for:		Who Recommended Us to You:	
Full Name			
Date of Birth		Social Security Number	
Current Address (NO P.O. Boxes)			
City	State	Zip	
Mailing Address (If different)			
City	State	Zip	
Home Phone Number	Cell Number	Email	
Driver's License Number	State	Issue Date	Exp Date
Passcode/Mother's Maiden Name			

In handling my account:  
 Contact me at:    Home    Cell    Business  
 Send Statements/other Communications to:    Home    Business    eStatements    Other \_\_\_\_\_

### EMPLOYMENT INFORMATION

Current Employer		Position	
Employer Address			
City	State	Zip	
Phone Number		Employment Length	

### OTHER INFORMATION

Name of Relative Not Residing with You			
Address			
City	State	Zip	
Phone Number		Relationship	

### CO- APPLICANT OR AUTHORIZED SIGNER INFORMATION

Full Name			
Date of Birth		Social Security Number	
Current Address (NO P.O. Boxes)			
City	State	Zip	

**CO- APPLICANT OR AUTHORIZED SIGNER INFORMATION CONTINUED**

Mailing Address (If different)

City	State	Zip
------	-------	-----

Home Phone Number	Cell Number	Email
-------------------	-------------	-------

Driver's License Number	State	Issue Date	Exp Date
-------------------------	-------	------------	----------

Passcode/Mother's Median Name

**CO-APPLICANT OR AUTHORIZED SIGNER EMPLOYMENT INFORMATION**

Current Employer	Position
------------------	----------

Employer Address

City	State	Zip
------	-------	-----

Phone Number	Employment Length
--------------	-------------------

**CO-APPLICANT OR AUTHORIZED SIGNER OTHER INFORMATION**

Name of Relative Not Residing with You

Address

City	State	Zip
------	-------	-----

Phone Number	Relationship
--------------	--------------

**GENERAL INFORMATION**

Minnesota Law requires the following information be provided by one applicant if you are applying for a transaction (checking) account. If you make a false statement in this document that you do not believe to be true, you are guilty of perjury.

1. Have you had a transaction account at this or another financial intermediary within 12 months before making this application?  No  Yes - Name of institution \_\_\_\_\_
2. Have you had a transaction account closed by this or another financial intermediary within 12 months before making this application?  No  Yes - Name of institution \_\_\_\_\_
3. Have you been convicted of a criminal offense because of the use of checks or other similar items within 24 months of making this application?  No  Yes - Name of institution \_\_\_\_\_

I authorize Community Bank Mankato to pull a credit bureau if needed to process this application.

Please let us know if you are interested in learning about our other products and services.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Online Banking  | <input type="checkbox"/> EMV Debit Card      | <input type="checkbox"/> Safe Deposit Box                      |
| <input type="checkbox"/> Mobile Banking  | <input type="checkbox"/> Credit Card         | <input type="checkbox"/> Individual Retirement Account/CD      |
| <input type="checkbox"/> Online Bill Pay | <input type="checkbox"/> Direct Deposit      | <input type="checkbox"/> Overdraft Protection                  |
| <input type="checkbox"/> eStatements     | <input type="checkbox"/> Combined Statements | <input type="checkbox"/> Savings Transfer Overdraft Protection |

I certify that everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved.

Signature of Applicant	Date
------------------------	------

Signature of Co-Applicant, if Joint Account	Date
---	------

Signature of Authorized Signer	Date
--------------------------------	------