

Peoples State Bank Personal Account Application

Completing this form in its entirety will help us serve you more efficiently.

Select Account Type: Checking Savings Certificate of Deposit

<i>Individual Information</i>					
Name				Social Security Number — —	
Address			City		State & Zip
County		Home Phone (include area code)	Date of Birth / /	E-mail address	
Employer, City & Work Phone Number (include area code)					Years Employed
Driver's License #			D.L. State	Expiration Date / /	Verified <input type="checkbox"/>
Previous Address			City		State & Zip
Name and address of nearest relative not living with you					
<i>Joint Applicant Information</i>					
Name				Social Security Number — —	
Address			City		State & Zip
County		Home Phone (include area code)	Date of Birth / /	E-mail address	
Employer, City & Work Phone Number (include area code)					Years Employed
Driver's License #			D.L. State	Expiration Date / /	Verified <input type="checkbox"/>
Previous Address			City		State & Zip
Name and address of nearest relative not living with you					

If opening a Checking Account you must answer the following questions:

Do you presently have a checking account with another financial institution? Yes No

If yes name and address of bank: _____

Have you had a checking account closed by a financial institution without your consent within the last 5 years? Yes No

Have you been convicted of a criminal offense because of the illegal use of a checking account or similar financial account before making this application? Yes No

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Signature _____ Date _____

Signature _____ Date _____