

Proof of Identification Form
 In compliance with the USA PATRIOT Act



For Office Use Only	Acct #
Date:	Employee:

A \$100 deposit is required in checking when submitting your first request for a Debit Card and/or checks.

Master Member SSN	<input type="checkbox"/>	Joint Owner SSN	<input type="checkbox"/>
Master Member Date of Birth	<input type="checkbox"/>	Joint Owner Date of Birth	<input type="checkbox"/>
Phone Number	<input type="checkbox"/>	Phone Number	<input type="checkbox"/>
Mother's Maiden Name	<input type="checkbox"/>	CODE WORD	<input type="checkbox"/>
Current Employer	<input type="checkbox"/>		
Email Address	<input type="checkbox"/>		
How did you hear about us?	<input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Radio <input type="checkbox"/> TV Station _____ <input type="checkbox"/> Internet		

Online Banking	E-statements	ATM Card	Debit Card (Checking only)	Checks (Checking Only)
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO