



NEW DEPOSIT ACCOUNT INFORMATION FORM

___ Individual ___ Joint

Applicant

Co-Applicant

Full Legal Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Social Security #: _____
Birth Date: _____
Driver's License #: _____
Issue Date: _____
Expiration Date: _____

Full Legal Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
Social Security #: _____
Birth Date: _____
Driver's License #: _____
Issue Date: _____
Expiration Date: _____

Current Employer: _____
Employer Address: _____
City, State, Zip: _____
Occupation: _____
Work Phone: _____

Current Employer: _____
Employer Address: _____
City, State, Zip: _____
Occupation: _____
Work Phone: _____

E-Mail Address: _____

E-Mail Address: _____

Have you been a resident of Minnesota for the past 5 years? Yes No-Other states: _____

Have you been a resident of Minnesota for the past 5 years? Yes No-Other states: _____

Name of nearest relative NOT living with you: _____

Name of nearest relative NOT living with you: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____