

## Tower Community Bank Account Application

Please circle one: **New or Revised**    Is this a Joint Account or Beneficiary Account? \_\_\_\_\_    Have you or do you have an account with us? **YES** or **NO**

APPLICANT INFORMATION				
Last Name		First		Middle
Social Security Number		DOB & City		Mother's maiden name
Address				City
State	Zip	e-mail address		
Home Phone		Cell Phone		Work phone
Occupation		Employer		
Address				
Drivers License Number & State			Issue Date	Expiration Date
Next of Kin: Name & Relationship				
Phone		Address		
Are you a U.S. Citizen? YES or NO		If NO, please check if you are a <input type="checkbox"/> RESIDENT (permanent or green card) or <input type="checkbox"/> NONRESIDENT alien? Are you a Politically Exposed Person (PEP)? YES or NO		
CO-APPLICANT OR POD INFORMATION				
Last Name		First		Middle
Social Security Number		DOB & City		Mother's maiden name
Address				City
State	Zip	e-mail address		
Home Phone		Cell Phone		Work phone
Occupation		Employer		
Driver's License Number & State			Issue Date	Expiration Date
Next of Kin: Name & Relationship				
Phone		Address		
Are you a U.S. Citizen? YES or NO		If NO, please check if you are a <input type="checkbox"/> RESIDENT (permanent or green card) or <input type="checkbox"/> NONRESIDENT alien? Are you a Politically Exposed Person (PEP)? YES or NO		
AUTHORIZATION AND SIGNATURE				
<p>I (we), the undersigned, authorize Tower Community Bank in connection and approval of my (our) request to initiate certain deposit relationships to obtain a credit report and utilize the Chex System and make other inquiries including but not limited to previous banking references, references of location as indicated on our account agreement and any other inquires or actions deemed necessary to determine and verify financial, banking, and credit information about your person(s) either provided by you and/or required by bank policy to open a deposit account. The bank at its discretion may also provide this authorization/ release to another insured depository to obtain information related to your previous banking relationship. The bank is also required under law related to the Patriot Act to notify certain offices of the Federal Government of your application to establish a deposit relationship with our bank.</p>				
Signature				Date
Signature				Date

Employee Use Only

Date completed: \_\_\_\_\_ Account Number: \_\_\_\_\_ Type of Account : \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Branch Manager Signature: \_\_\_\_\_