



## Consumer New Account Application

New Customer    Existing Customer    Employee of SWCB

Customer name: \_\_\_\_\_

Consumer type:    Individual  
                           Joint Owners  
                           UTMA  
                           Representative Payee  
                           Trust

Account Type:    Savings  
                           Checking  
                           CD

### Signer Information:

Customer name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Identification:   ID #: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Physical address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Secondary phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Address matches ID:    Yes    No

Address verification:    Bill  
                                   Lease agreement  
                                   Other: \_\_\_\_\_

### Signer Information:

Customer name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Identification:   ID #: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Physical address: \_\_\_\_\_

Community • Accountability • Relationships • Entrepreneurial Spirit



Mailing address: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Secondary phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Address matches ID: Yes No

Address verification: Bill  
Lease agreement  
Other: \_\_\_\_\_