

Community State Bank

New Account Application (Consumer)

(complete in the personal handwriting of applicant)

Date/Fecha: _____

Individual Applicant:

Full Name/Nombre: _____

Residence/Address/Dirección: _____

City/State/Zip Code/Ciudad/Estado/Codigo Postal: _____

Mailing Address/Dirrección de Envío: _____

City/State/Zip Code/Ciudad/Estado Codigo Postal: _____

How long at this address? /Tiempo en esta Dirección? ____ Years/Años ____ Months/Meses

Home Phone/Numero de Telefono de Hogar (____) - ____ - ____

Work Phone/Numero de Telefono de Trabajo (____) ____ - ____

Cell Phone/Numero de Celular (____) ____ - ____

Social Security Number/Numero de Seguro Social: _____

Email address/Correo Electronico: _____

Date of Birth/Fecha de Nacimiento: _____

Place of Birth/Lugar de Nacimiento: _____

Mother's Maiden Name/Nombre de Soltera de Madre: _____

Current Employer/Empleador Actual: _____

Address/Dirección: _____

City/State/Zip Code/Ciudad/Estado/Codigo Postal: _____

Length of Employment/Tiempo de Empleo _____

Previous Employer/Empleador Anterior: _____

If self-employed, give details/Si trabajas por cuenta propia, escribe los detalles: _____

Name & address: closest relative not living w/ you/Nombre Y Dirrección de pariente mas cercano que no vive con usted: _____

Applicant Initials/Inciales:

Referred by/Referido por: _____

We (**Community State Bank**) reserve the right to make reference calls to employers and/or check verification companies. By signing below, you (the applicant) give authority to Community State Bank to request a credit bureau report, for rating and application purposes.

By signing below, I certify the above information to be true and factual. I understand that if any of the statements are false, the institution has the right to close this account, and that I will be responsible for all costs incurred.

Individual Applicant Signature/Firma

If signature is not witnessed by bank employee, signature and identification require notarization.

State of _____

County of _____

The foregoing instrument was acknowledged before me and signed before me on _____, 20__ by _____ names(s) of individual(s) making statement.

Signature of Notary
My commission expires: _____