



Personal Account Application

**Type of Account**

- totalACCESS Checking     
  rewardACCESS Checking     
  completeACCESS Checking  
 ACCESSmoneymarket     
  ACCESSsavings     
  ACCESScd, Term \_\_\_\_\_

**Primary Owner**

<b>Name:</b>	
<b>Address, City, State, Zip:</b>	
<b>Social Security Number:</b>	<b>Date of Birth:</b>
<b>Home Phone Number:</b>	<b>Work Phone Number:</b>
<b>Cell Phone Number:</b>	<b>Preferred Method of Contact:</b>
<b>Email Address:</b>	
<b>Driver's License Number:</b>	<b>State of Issuance:</b>
<b>Date Issued:</b>	<b>Date Expires:</b>

**Secondary Owner**

<b>Name:</b>	
<b>Address, City, State, Zip:</b>	
<b>Social Security Number:</b>	<b>Date of Birth:</b>
<b>Home Phone Number:</b>	<b>Work Phone Number:</b>
<b>Cell Phone Number:</b>	<b>Preferred Method of Contact:</b>
<b>Email Address:</b>	
<b>Driver's License Number:</b>	<b>State of Issuance:</b>
<b>Date Issued:</b>	<b>Date Expires:</b>

*By signing this document, I authorize Access Bank to verify all information provided and check my credit, if necessary. I certify that the above information provided by me is true and correct to the best of my belief.*

Primary Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Secondary Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

*NOTE: If more than two parties on the account please print and sign a second copy with the additional owner's information.*

**USA Patriot Act – Customer Identification Program**

**NOTICE TO CUSTOMERS:**  
 IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY, AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT. WHAT THIS MEANS TO YOU: WHEN YOU OPEN AN ACCOUNT WE WILL ASK YOUR NAME, ADDRESS, DATE OF BIRTH, AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE MAY ALSO REQUEST TO SEE AND PHOTOCOPY YOUR DRIVER'S LICENSE OR OTHER IDENTIFYING MATERIALS.