

BANK OF WALKER COUNTY CONSUMER APPLICATION

Are you an existing customer of the bank? Yes No

We will also need two forms of identification: (Attach copies. Do not photocopy / scan military ID)

To get your account opened, we are going to need some information:

Name: _____

SSN or ITIN: _____ (If no SSN or ITIN, Passport or other ID number)

DOB: _____ Mother's Maiden Name: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Occupation & Employer: _____

Email Address: _____

Are you a US Person or a nonresident alien? (US Person includes resident alien) Yes No

If you are a nonresident alien, what country are you from? _____

Where are you moving the funds from? _____

To get you in the right product, we will need to know how you plan to use this account.

Household Operating Account Separate account for special purpose

Savings Other _____

How do you plan to fund this account?

Cash Cashier's check Government check

Payroll check Wire On us transfer or check

Foreign funds other: _____

Can you tell us the expected volume of transactions? (This part **cannot be skipped** even if customer does not know exact amount)

_____ Deposits per month _____ Purchase of cashier's checks per month

_____ Wires per month _____ International transactions month

_____ Debit Card Transactions per month

Will you have your payroll/social security coming in automatically into this account?

Yes No

To get you in the right product, we will need to know how you plan to own this account.

Individual Joint POD Fiduciary

Customer's Signature: _____ **Date:** _____

PLEASE CONTACT
Stephanie Martin or Christina Gossett at 205-295-2755
TO COMPLETE OPENING OF NEW ACCOUNT.