

PEOPLES BANK ACCOUNT APPLICATION

Date: _____	
Check to open: Checking <input type="checkbox"/> Savings <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> CheckCard <input type="checkbox"/> ATM Card <input type="checkbox"/>	
CUSTOMER 1	CUSTOMER 2
1. Name/Business	Name
1a. Relationship to customer 2	Relationship to Customer 1
2. Physical Address (Mailing address below)	Physical Address(only if different)
3. City/St/Zip	City/St/Zip(only if different)
3a. Mailing if different: _____	
4. Phone	Phone(only if different)
5. Birthdate & Birthplace	Birthdate & Birthplace
6. Mother's maiden name	Mother's maiden name
7. Social Security Number/Tax ID Number	Social Security Number/Tax ID Number
8. Drivers' License Number State	Drivers' License Number State
9. Other ID	Other ID
10. Employer/Occupation/Length of Employment	Employer/Occupation/Length of Employment
11. Employer Address/Phone	Employer Address/Phone
12. Thank you for choosing us; we appreciate your business very much. We know you had other alternatives, so please tell us why you initially chose our bank.	
o Referral-Name of referral: _____	
o Newspaper _____	
o Radio _____	
o Web site _____	
o Other _____	
13. Name & location of last Bank _____	
14. Name and address of nearest relative _____	
15. By signing below, I/we authorize you to check my credit history and to answer questions others may ask about my credit record with you.	
Signature _____	Signature _____

If not signed in the presence of a Peoples Bank & Trust Company representative, this form must be notarized.

The above personally appeared before me on this ____ day of _____, _____.

Notary
State of _____ County of _____

My Commission Expires on _____