

Merchants Bank New Consumer Account Application

ACCOUNT TYPE

Purpose of Account

Consumer

Checking

NOW

Savings

CD

Money Market

IRA

ATM/ Debit Card

Safe Dep

Online Banking

Loan

OWNERSHIP OF ACCOUNT

Account Ownership

Individual

Pay on Death

Joint-With Survivorship
(and not as tenant in common)

Power of Attorney

Joint-No Survivorship
(as tenants in common)

Trust

Personal Representative

Agent

Authorized Signer

INDIVIDUAL APPLICANT INFORMATION

Name

Last

First

Middle Name

SS#

Birth Date

Home Phone

DL #

Place of Birth:

Work Phone

Home Address:

Street

City, State

Zip

Mailing Address:

Street/PO Box

City, State

Zip

Previous Address:

(if less than 2 years)

Street/PO Box

City, State

Zip

Email Address

Cell Phone Number

Occupation

Employer

Phone

JOINT APPLICANT INFORMATION

Name

Last

First

Middle Name

SS#

Birth Date

Home Phone

DL #

Place of Birth:

Work Phone

Home Address:

Street

City, State

Zip

Mailing Address:

Street/PO Box

City, State

Zip

Previous Address:

(if less than 2 years)

Street/PO Box

City, State

Zip

Email Address

Cell Phone Number

Occupation

Employer

Phone

JOINT APPLICANT INFORMATION

Name _____ **SS#** _____
Last _____ *First* _____ *Middle Name* _____

Birth Date _____ Home Phone _____ **DL #** _____
Place of Birth: _____ Work Phone _____

Home Address: _____
Street _____ *City, State* _____ *Zip* _____

Mailing Address: _____
Street/PO Box _____ City, State _____ Zip _____

Previous Address: _____
(if less than 2 years) Street/PO Box _____ City, State _____ Zip _____

Email Address _____ Cell Phone Number _____

Occupation _____ Employer _____ Phone _____

I certify that everything I have stated in the application and on any attachments is correct. By signing below I authorize you to check my credit account and employment history and/or have a credit reporting agency prepare a credit report on me. I also authorize you to take steps to verify my identity.

Applicant's Signature _____ Date _____ Password _____

Joint Applicant's Signature _____ Date _____

Joint Applicant's Signature _____ Date _____