



ACCOUNT APPLICATION

- Account options: New Account, Updating signers, Changing account registration, Name change, former name, Other

- Account services: Checking, Savings, Certificate of Deposit, Holiday Account, Internet Banking, Online Bill Pay, eStatements, IRA, Picture Debit Card, ATM Card, Regular Debit Card, Health Savings account, Safe Deposit Box, Credit Card, Overdraft Protection

Ownership Type

- Ownership options: Individual, Individual with POD, Joint w/ ROS, Joint without ROS, UTMA or Custodial Acct, Trust, Youth Account, Estate

Primary Customer

Legal Name: First Middle Last
Owner, Authorized Signer, Custodian, Successor Custodian, Executor, Trustee, Beneficiary, Rep Payee, Guardian, Deputy, Legal Rep

Secondary Customer

Legal Name: First Middle Last
Joint Owner, Authorized Signer, Custodian, Successor Custodian, Executor, Trustee, Beneficiary, Rep Payee, Guardian, Deputy, Legal Rep

Street Address:

Street Address:

Mailing Address:

Mailing Address:

City:

City:

State: ZIP:

State: ZIP:

Social Security Number:

Social Security Number:

Date of Birth:

Date of Birth:

Home Phone:

Home Phone:

Cell Phone:

Cell Phone:

Work Phone:

Work Phone:

Email Address:

Email Address:

Employer:

Employer:

Name & Phone # of someone who will always be able to reach you:

Name & Phone # of someone who will always be able to reach you:

Mother's Maiden Name:

Mother's Maiden Name:

Customer Signature:

Customer Signature:

Date:

Date:

All signers authorize Keystone Savings Bank to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

Reason for choosing KSB:

Additional Signer Information on page 2 (if necessary)

Secondary Customer

Legal Name: _____

First Middle Last

- Joint Owner Authorized Signer Custodian Successor Custodian
- Executor Trustee Beneficiary Rep Payee
- Guardian Deputy Legal Rep _____

Street Address: _____

Mailing Address: _____

City: _____

State: _____ ZIP: _____

Social Security Number: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Employer: _____

Name & Phone # of someone who will always be able to reach you: _____

Mother's Maiden Name: _____

Customer Signature: _____

Date: _____

Secondary Customer

Legal Name: _____

First Middle Last

- Joint Owner Authorized Signer Custodian Successor Custodian
- Executor Trustee Beneficiary Rep Payee
- Guardian Deputy Legal Rep _____

Street Address: _____

Mailing Address: _____

City: _____

State: _____ ZIP: _____

Social Security Number: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Employer: _____

Name & Phone # of someone who will always be able to reach you: _____

Mother's Maiden Name: _____

Customer Signature: _____

Date: _____

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----- F O R B A N K U S E O N L Y -----

Documents used to verify identity and other documents required:

- Iowa Driver's License or Other ID # for all signers
 - # _____
 - # _____
 - # _____
 - # _____
- OFAC (on all signers)
- Telecheck Report (attached)
- Other: _____

Please document any discrepancies: _____

Application processed by: _____ on: _____
Employee Date