

Security State Bank of Kenyon

Chex Systems _____
Officer _____
Credit Report Score: _____

Application For: Checking Savings

Name: _____

Address _____ City _____ State _____ Zip Code _____

Employer: _____

Address _____ City _____ State _____ Zip Code _____

Date of Birth: _____ Social Security Number: _____

Telephone Number: _____
Home _____ Business _____ Cell _____

Email Address: _____

Drivers License No. or Identification Card No.	State Issued In	Expiration Date

Have you at any time during the past twelve (12) months maintained any checking account?

Yes No. If yes, complete the following:

a. Name of person and bank or institution we should contact: _____

b. Address of bank or institution: _____

c. Is this account in good standing? Yes No. If this answer is no, have you had a previous account in good standing within the last five years that was voluntarily closed?

Yes No. If yes, provide name, address and phone number of financial institution at which such account was located:

At any time during the past twelve (12) months has any bank or financial institution closed a checking account without your consent?

Yes No. If so, what was the reason the account was closed? _____

Have you been convicted of a criminal offense involving the use of a check or similar item within the past twenty-four (24) months?

Yes No

YOU ARE ADVISED THAT IF YOU MAKE ANY FALSE MATERIAL STATEMENT, WHICH YOU DO NOT BELIEVE IS TRUE WITH RESPECT TO ANY INFORMATION ON THIS APPLICATION, YOU ARE GUILTY OF PERJURY.

I certify that the foregoing is true and correct

Date: _____

Signature of Applicant: _____

Signature of Applicant: _____

Please bring this completed application AND photo ID with you when opening your account.

