



## PERSONAL ACCOUNT INFORMATION FORM

**NOTICE: ACCOUNT WILL NOT BE ACTIVATED NOR WILL CHECKS BE ORDERED UNTIL ALL INFORMATION HAS BEEN VERIFIED.  
TWO FORMS OF IDENTIFICATION REQUIRED.**

Please Initial:  Yes  No I request issuance of a debit card in connection with this account.

**Type of Account (Please Check one)**

Checking  Savings  Certificate of Deposit  Safe Deposit Box

**Information About Yourself:**

|   |              |                       |                                       |                               |                        |               |             |
|---|--------------|-----------------------|---------------------------------------|-------------------------------|------------------------|---------------|-------------|
| <b>Full Legal Name</b>  |              |                       |                                       |                               |                        |               |             |
| <b>Street Address</b>   |              |                       |                                       |                               | <b>Time at Address</b> | <b>Years:</b> | <b>Mos:</b> |
| <b>City, State, Zip</b>   |              |                       |                                       |                               |                        |               |             |
| <b>Mailing Address (if different)</b>                                     |              |                       |                                       |                               |                        |               |             |
| <b>Home Phone</b>   |              | <b>Cellular Phone</b> |                                       | <b>E-Mail Address</b>         |                        |               |             |
| <b>Social Security #</b>  |              | <b>Date of Birth</b>  |                                       | <b>Country of Citizenship</b> |                        |               |             |
| <b>Driver's License</b>   | <b>State</b> | <b>Number</b>         | <b>Issue Date</b>                     | <b>Expires</b>                |                        |               |             |
| <b>Previous Address (if at current for less than 2 years)</b>             |              |                       |                                       |                               | <b>Time at Address</b> | <b>Years:</b> | <b>Mos:</b> |
| <b>City, State, Zip</b>   |              |                       |                                       |                               |                        |               |             |
| <b>Have you lived in Kansas the past 5 years?</b>                         |              |                       | <b>If no, previous City and State</b> |                               |                        |               |             |
| <b>Current Employer</b>   |              |                       |                                       |                               | <b>How Long</b>        | <b>Years:</b> | <b>Mos:</b> |
| <b>Employer Address, City, State, Zip</b>                                 |              |                       |                                       |                               |                        |               |             |
| <b>Work Phone</b>   |              | <b>Position/Title</b> |                                       | <b>Supervisor</b>             |                        |               |             |
| <b>Previous Employer (if at current employment for less than 2 years)</b> |              |                       |                                       |                               | <b>How Long</b>        | <b>Years:</b> | <b>Mos:</b> |
| <b>Previous Employer Phone</b>  |              |                       | <b>Date Left Employment</b>           |                               |                        |               |             |
| <b>Current Bank or Financial Institution</b>                              |              |                       |                                       |                               |                        |               |             |
| <b>City</b>   |              | <b>State</b>          |                                       | <b>Zip</b>                    |                        |               |             |
| <b>Mother's Maiden Name</b>   |              |                       |                                       |                               |                        |               |             |
| <b>Account Relationship Requested (individual, joint, etc.)</b>           |              |                       |                                       |                               |                        |               |             |
| <b>List Joint Account Holders</b>   |              |                       |                                       |                               |                        |               |             |

**Authorized Signer Information: (Joint Owners MUST complete a separate Personal Account Information Form)**

|                             |                                  |  |  |
|-----------------------------|----------------------------------|--|--|
| <b>Name</b>                 |                                  |  |  |
| <b>Address</b>              |                                  |  |  |
| <b>Home Phone</b>           | <b>Work Phone</b>                |  |  |
| <b>Social Security #</b>    | <b>Date of Birth</b>             |  |  |
| <b>Employer</b>             | <b>Employer City, State, Zip</b> |  |  |
| <b>Mother's Maiden Name</b> |                                  |  |  |

*I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I authorize Alliance Bank to make any necessary inquiries on my personal, employment, credit and account history.*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Accepted By: Initials and Date*