

**SECURITY BANK
NEW ACCOUNT APPLICATION
January 2007**

Employee Name: Date:

Owner or Signer, if signer list organization name _____
(circle one)

Name _____ **S.S. #** _____ **US Citizen (Circle One) Y N**

DL # or ID _____

Address, City, State and Zip _____ **Phone #** _____

Previous address (if less than 1 year) _____

E-mail Address _____

Date of Birth _____ **Mother's Maiden Name** _____

Employer _____ **Length of Employment** _____ **Phone #** _____

Previous Employer (if less than one year) _____ **Phone #** _____

Previous Bank, City & State _____

Name, Address and Phone# of Contact Person (not living at the same address) _____

Photocopy Identification documents below

I understand that under the USA PATRIOT Act, this financial institution is obligated to verify the identity of each customer opening a new account, or each new owner being added to a deposit account, and I agree that if the institution is not able to verify the identity of all of the owners of this account within a reasonable time, it may, at any time, in its sole discretion, without providing advance notice, close the account. I understand Security Bank may assess a closed account fee.

Security Bank reserves the right to make reference calls to check verification companies and/or employers.

By signing below, the applicant gives authority to Security Bank to request credit bureau reports for rating and application approval purposes.

Applicant Signature