

# First United Bank Account Application

## Follow these easy steps

1. Complete, print and sign the form.
2. Bring in the completed form along with a picture ID to your local First United Bank.

## Account Type (check all that apply)

- Checking                       Savings                       CD  
 Money Market                 ATM/Debit Card             Safe Deposit Box

## Account Ownership (check one)

- Individual     Pay On Death  
 Joint – With Survivorship (not as tenants in common)     Power Of Attorney  
 Joint – Without Survivorship (as tenants in common)     Trust  
 Personal Representative     Agent  
 Authorized Signer

## Individual Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place Of Birth: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_ Officer Approval: \_\_\_\_\_

**Home Address:** Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Mailing Address:** Street/PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Joint Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place Of Birth: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_ Officer Approval: \_\_\_\_\_

**Home Address:** Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Mailing Address:** Street/PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Important Application Information

You certify that everything you have stated in the application and on any attachments is correct. By signing below you authorize First United Bank to check your credit accounts and employment history and/or have a credit-reporting agency prepare a credit report on you. Federal law requires financial institutions to obtain information to verify your identity. You may be required to provide one or more forms of identification to comply with this requirement. Our privacy policy and federal law protect the information you provide.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_