



TELL US ABOUT YOU

Welcome to Resurgens Bank! We realize your time is very important, so please take a moment to complete the below information. This will allow us to serve you more quickly and efficiently.

When you return these forms to us, we will need to see a form of identification, such as a driver's license, to complete your account opening process.

PRIMARY ACCOUNT HOLDER

First Name	Middle Name	Last Name	Suffix	Social Security Number	
Street Address				Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Citizen?
City	State	Zip Code	Mother's Maiden Name		
Mailing Address (if different from Street Address)				Driver's License Number	Issuing State
City (if different from Street Address)	State	Zip Code	Issue Date	Expiration Date	
Employer	Occupation		Work Phone		
How would you preferred to be contacted?	<input type="checkbox"/> Email:		<input type="checkbox"/> Daytime Phone		
	<input type="checkbox"/> Cell Phone:				
			<input type="checkbox"/> Other:		

SECONDARY ACCOUNT HOLDER

First Name	Middle Name	Last Name	Suffix	Social Security Number	
Street Address				Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Citizen?
City	State	Zip Code	Mother's Maiden Name		
Mailing Address (if different from Street Address)				Driver's License Number	Issuing State
City (if different from Street Address)	State	Zip Code	Issue Date	Expiration Date	
Employer	Occupation		Work Phone		
How would you preferred to be contacted?	<input type="checkbox"/> Email:		<input type="checkbox"/> Daytime Phone		
	<input type="checkbox"/> Cell Phone:				
			<input type="checkbox"/> Other:		

How did you hear about Resurgens Bank?

<input type="checkbox"/> Outdoor Banner	<input type="checkbox"/> Mailing	<input type="checkbox"/> Friend	<input type="checkbox"/> On the web:	<input type="checkbox"/> Other
			(Name of website)	(Please specify)