

Brought to you by:

NEW ACCOUNT APPLICATION



** IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT** To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account, we will ask you for your name, physical address, date of birth, taxpayer identification number, and any other information that allows us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

Primary Account Holder – Studen	nt		
First Name	Middle Initial	Last Name	
Physical Address			
Mailing Address (if different)	E-mail address	Telephone Number	
Date of Birth		Social Security Number	
Co-Owner – Parent/Guardian			
First Name	Middle Initial	Last Name	
Physical Address			
(Mailing Address (If different)		E-mail address	
Date of Birth	Social Security Number	Driver's License Number	
		Issue Date: Exp. Date:	
(Home Phone Number)		Cell Phone Number	

Co-Owner – Parent/Guardian				
First Name	Middle Initial	Last Na	me	
Physical Address				
Mailing Address (If different)		E-mail address		
Date of Birth	Social Security Number	Driver's License Number		
Date of Birtin	Social Security Number			
		Issue Date:	Exp. Date:	
Home Phone Number	Cell Phone Number		none Number	

I authorize Peoples Bank to verify my identity by submitting personal information to a credit reporting agency. I acknowledge my agreement to provide accurate identifying information and understand it may be used to determine the ability verify my identity.

, Parent/Guardian of hereby authorize and consent to the use of his/her visual image by Peoples Bank's GIANT Piggy Bank Program for purposes including but not limited to: photography, videotape, electronic print publications and digital marketing including websites and social media. I give this consent with no claim for payment.

Email address:	X Student Signature	Date
I accept to receive electronic notices to the above provided email address regarding this account.	X Parent/Guardian Signature	Date
	X	
	Parent/Guardian Signature	Date