

Walker State Bank
Consumer Account Opening Application
Account Owner and/or Authorized Signers Application – Consumer Accounts

Primary Account Owner / Signer Information:

First Name: _____ MI: _____ Last Name: _____
Street Address: _____ P.O. Box: _____
City: _____ State: _____ Zip+4: _____
Tax ID/SS#: _____ Date of Birth: _____
Home Phone #: _____ Work Phone #: _____ Ext: _____
Cell Phone #: _____ E-Mail (optional): _____
Employer: _____ Occupation: _____
Employer Address: _____
Driver's License #: _____ Issuing State/Entity: _____
Issue Date: _____ Exp. Date: _____ Verified By: _____

Co-Owner/Signer Information:

First Name: _____ MI: _____ Last Name: _____
Street Address: _____ P.O. Box: _____
City: _____ State: _____ Zip+4: _____
Tax ID/SS#: _____ Date of Birth: _____
Home Phone #: _____ Work Phone #: _____ Ext: _____
Cell Phone #: _____ E-Mail (optional): _____
Employer: _____ Occupation: _____
Employer Address: _____
Driver's License #: _____ Issuing State/Entity: _____
Issue Date: _____ Exp. Date: _____ Verified By: _____

The Information I have provided is Correct to the Best of My Knowledge. I Authorize the Walker State Bank to check credit and/or employment history should it deem necessary.

X _____ Date _____
(Signature of Account Owner or Authorized Signer)

X _____ Date _____
(Signature of Account Owner or Authorized Signer)

- Federal Regulation requires that the Bank have on file verification of customer's identification. Please be prepared to have our new accounts staff review and copy drivers license or other identifying information.

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X _____ Date _____
(Signature of Account Owner or Authorized Signer)