

Personal New Account

 Individual Account Joint Account

Name

Mailing Address

City State Zip

Mailing Address (If Different)

Home Phone Work Phone

Date of Birth

Social Security Number Drivers License Number State Issue Date Ex. Date

E-mail Address

If Joint Account, please complete the following.

Name

Mailing Address

City State Zip

Mailing Address (If Different)

Home Phone Work Phone

Date of Birth

Social Security Number Drivers License Number State Issue Date Ex. Date

E-mail Address

Please check one of the following:

- Individual Joint With Right of Survivorship
 Payable-On-Death In Trust For (Totten Trust)
 UTMA/UGMA Revocable Trust

Checking Accounts

- View Horizon Interest
 Horizon Vista
 Horizon Senior Vista Smart

Saving/Money Market Accounts

- Personal Savings
 Youth Savings
 Money Market

Other Services

- Visa Check Card
 Check Order
 Safe Deposit Box (if applicable)

Certificate of Deposit

- CD
 IRA

Internal Use ONLY

Branch Employee Account #

Deposit Amount Cash Check Account Info. Code: Type Class AML Score

NAICS/SIC Code Referred By Opened By

System used to verify customer:

- Customer ID Chexsystem OFAC

If a new customer: AML Risk Level

- Low Medium High

