

NEW CONSUMER ACCOUNT APPLICATION

ACCOUNT TYPE

Acct #: _____

Port #: _____

<input type="checkbox"/> Checking	<input type="checkbox"/> Valley Free	<input type="checkbox"/> Valley Youth Savings	<input type="checkbox"/> E-Statement
<input type="checkbox"/> Valley 300	<input type="checkbox"/> Valley Preferred	<input type="checkbox"/> Valley Savings	<input type="checkbox"/> CD
<input type="checkbox"/> Valley Elite	<input type="checkbox"/> Valley Preferred	<input type="checkbox"/> Valley Preferred Savings	<input type="checkbox"/> IRA
	<input type="checkbox"/> Health Savings Account	<input type="checkbox"/> ATM/ Debit Card	<input type="checkbox"/> Lock Box
	<input type="checkbox"/> Internet Banking	<input type="checkbox"/> Loan	<input type="checkbox"/> Mobile Deposit

OWNERSHIP OF ACCOUNT

Account Ownership

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint-No Survivorship (as tenants in common)
<input type="checkbox"/> Joint-With Survivorship (and not as tenants in common)	<input type="checkbox"/> POD Name: _____
<input type="checkbox"/> Custodial	Address: _____
<input type="checkbox"/> Politically Exposed Persons	Address: _____
<input type="checkbox"/> Nonresident Alien	

INDIVIDUAL APPLICANT INFORMATION

Name _____ SS# _____
Last First Middle Name Verified

Birth Date _____ Mothers Maiden Name _____

Drivers License # _____ State of Issue _____ Issued: _____ Expires: _____

Home Phone _____ Cell Phone _____

Home Address: Street _____ City/State _____ Zip _____

Mailing Address: Street/PO Box _____ City/State _____ Zip _____

*Previous Address: Street _____ City/State _____ Zip _____
(If less than 2 years)

*Reason if Address is Different: _____

Email Address _____

Occupation _____ Employer _____ Phone _____

If retired, previous occupation _____

JOINT APPLICANT INFORMATION

Name _____ SS# _____
Last First Middle Name Verified

Birth Date _____ Mothers Maiden Name _____

Drivers License # _____ State of Issue _____ Issued: _____ Expires: _____

Home Phone _____ Cell Phone _____

Home Address: Street _____ City/State _____ Zip _____

Mailing Address: Street/PO Box _____ City/State _____ Zip _____

*Previous Address: Street _____ City/State _____ Zip _____
(If less than 2 years)

*Reason if Address is Different: _____

Email Address _____

Occupation _____ Employer _____ Phone _____

If retired, previous occupation _____

I certify that everything I have stated in the application and on any attachments is correct. By signing below I authorize you to check my credit account and employment history and/or have a credit reporting agency prepare a credit report on me. I also authorize you to take steps to verify my identity.

OFAC

Applicant's Signature _____ Date _____

OFAC

Joint Applicant's Signature _____ Date _____