

SUMMIT BANK ACCOUNT APPLICATION

INDIVIDUALS (separate form must be filled out for each individual or entity)

Date: _____

Customer Name: (Last, First, MI) _____

Employer: _____ Occupation: _____

Mother's Maiden Name: (optional) _____ EStatement Security Phrase: _____

Documentary Verification (required for all owners or authorized signers)* ON FILE

Two documents required, *One must be from Primary list*

Primary (one required unless customer is disabled or elderly)	Secondary
Driver's license (as shown in ID Checking Guide)	Insurance Card
Government ID card (Federal or Oklahoma)	Medicare / Medicaid Card
Passport (with photo)	Utility Bill
Military ID (with photo)	Property Tax Bill
Document registration or identification number, including state of issuance, if applicable _____	Major Credit Card
*Attach copy of primary documentation	Birth Certificate
	Voter Registration
	Social Security Card
	Employer / School ID Card
	Tribal ID Card

ENTITIES

Name of Entity: (Legal Title) _____

DBA: _____

INDIVIDUALS AND ENTITIES

To the extent that the following information was not obtained within other documents, the following information must be documented below:

Physical address: _____

Mailing address: _____

Email and web address: _____

Phone numbers: Home _____ Cell _____ Work _____ Fax _____

TIN, EIN, or SSN: _____ Date of birth: (individuals only) _____

Business Purpose: _____

NATURE OF ACCOUNT

Purpose: _____

Reason for choosing Summit Bank: _____

ACCOUNT TYPE: CHECKING MONEY MARKET SAVINGS CD LOAN
ONLINE BANKING: YES NO DEBIT CARD: YES NO ATM CARD: YES NO



Please complete and return. Documents will be prepared for your signature.

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