

New Account Customer Information Sheet

Primary Customer Name: _____ SSN: _____
Street Address: _____
City, State, Zip Code: _____
Home Phone Number: _____ Work Phone Number: _____
Date of Birth: _____
Driver's License Number & State: _____ Issue Date: _____ Expiration: _____
Mother's Maiden Name or Password for account: _____
Employer Name & Title/Position: _____ Email Address: _____

Secondary Customer Name: _____ SSN: _____
Street Address: _____
City, State, Zip Code: _____
Home Phone Number: _____ Work Phone Number: _____
Date of Birth: _____
Driver's License Number & State: _____ Issue Date: _____ Expiration: _____
Mother's Maiden Name or Password for account: _____
Employer Name & Title/Position: _____ Email Address: _____

Type of Account Requested:

- | | |
|---|---|
| <input type="checkbox"/> VHB Free Checking | <input type="checkbox"/> Signature Savings |
| <input type="checkbox"/> VHB Interest Checking | <input type="checkbox"/> Kids Savings |
| <input type="checkbox"/> VHB 50 Checking | <input type="checkbox"/> Certificate of Deposit |
| <input type="checkbox"/> VHB Regular Money Market | <input type="checkbox"/> Online banking |
| <input type="checkbox"/> ATM/Checkcard | |