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:

VHB Free Checking	☐	Signature Savings	☐
Commonwealth Total Relationship	☐	Kids Savings	☐
VHB Interest Checking	☐	Certificate of Deposit	☐
VHB 50 Checking	☐	Night Drop	☐
VHB Regular Money Market	☐	Online Banking	☐
VHB Super Money Market	☐	ATM/Checkcard	☐