



## NEW CUSTOMER APPLICATION

CIF # _____
Date _____
FOR BANK USE ONLY

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account with us, we will ask for your name, address, date of birth and other identifying information. We will also ask to see your driver's license and/or other identifying documents. The bank takes pride in the relationships we build with our customers. After you complete this application, visit one of our locations to complete the new account process.

### PERSONAL INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
*(Must be full legal name)*

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_ Email \_\_\_\_\_

Driver's License  ID  Passport DL/ID/Passport # \_\_\_\_\_ Issuing State \_\_\_\_ Exp. Date \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
*(If different)*

Foreign Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
*(If applicable)*

Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
*(If retired or self-employed, please list previous occupation)*

Yes  No Are you a citizen of a foreign country?

Registration number of passport/visa/alien registration \_\_\_\_\_

Country of birth \_\_\_\_\_

Country of citizenship \_\_\_\_\_

Yes  No Are you located within a 100 mile radius of a Bank of Jackson Hole branch?

If no, what brought you to Bank of Jackson Hole \_\_\_\_\_

## ACCOUNT INFORMATION

### Personal Accounts

- Individual, without payable on death designation
- Individual, with payable on death designation
- Joint with Survivorship (upon death of one party, ownership passes to surviving party)
- Joint without Survivorship (upon death of one party, ownership passes to party's estate)
- Other, explain \_\_\_\_\_

### Name(s) of Beneficiaries

1 \_\_\_\_\_ 2 \_\_\_\_\_

### Check one or more of the accounts below for wish you would like to open:

- |   |   |
|---|---|
| <input type="checkbox"/> Everyday Checking      | <input type="checkbox"/> Traditional Savings    |
| <input type="checkbox"/> Premium Checking       | <input type="checkbox"/> Health Savings Account |
| <input type="checkbox"/> Advantage Money Market | <input type="checkbox"/> CD/IRA                 |

### Check one or more of the services below, if interested:

- |   |   |
|---|---|
| <input type="checkbox"/> Debit Card     | <input type="checkbox"/> Mobile Deposit |
| <input type="checkbox"/> Online Banking | <input type="checkbox"/> Sweep          |

### If you are interested in any of the following services, contact a Customer Service Representative for details:

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Mobile App</li><li>• eStatements</li><li>• eNotices</li></ul> | <ul style="list-style-type: none"><li>• Bill Pay</li><li>• Email Alerts</li></ul> |
|---|---|

### Check below if you are interested in additional information about our other services:

- Safe Deposit Box
- Overdraft Line of Credit
- Credit Card
- Loans (Auto, Consumer, Real Estate, Commercial)
- Mortgage (Conventional, Jumbo, FHA, VA, USDA)
- Investments

# DIRECT DEPOSIT FORM

Use this form to change reoccurring direct deposits to your new account at Bank of Jackson Hole. Examples of reoccurring direct deposits include regular paychecks or income from retirement plans, investments, pension plans, etc. Attach a voided check and submit this form to the company that performs the direct deposit.

Before closing your account at your previous bank, make sure the direct deposit has been successfully deposited in your Bank of Jackson Hole account.

## INSTRUCTIONS FOR EMPLOYER/OTHER INCOME SOURCE

I would like my income automatically deposited into my Bank of Jackson Hole account as instructed below:

Please:  Setup direct deposit  Change account used for direct deposit

Employer/Company \_\_\_\_\_

Employer/Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

## PERSONAL INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_ Email \_\_\_\_\_

## BANK OF JACKSON HOLE ACCOUNT INFORMATION

Please direct my payment to this Bank of Jackson Hole account:

Checking  Savings  Money Market

Bank of Jackson Hole Routing Number 102304099

Bank of Jackson Hole Account Number \_\_\_\_\_

## AUTHORIZATION

I authorize \_\_\_\_\_ (employer/company) to make deposits directly into my Bank of Jackson Hole account listed above. This authority will remain in effect until I have given written notice to terminate this service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CLOSE ACCOUNT REQUEST

Effective immediately, please close the account(s) listed below and forward the remaining funds by check to the address indicated.

**The following accounts should be closed:**

Checking # \_\_\_\_\_ Account Owner(s) \_\_\_\_\_

Savings # \_\_\_\_\_ Account Owner(s) \_\_\_\_\_

Money Market # \_\_\_\_\_ Account Owner(s) \_\_\_\_\_

Other Account # \_\_\_\_\_ Account Owner(s) \_\_\_\_\_

**Send funds to the following address:**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**If you have any questions regarding this request, please contact:**

Account Owner Name: \_\_\_\_\_ Phone # \_\_\_\_\_

OR

Account Owner Name: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date