



NEW CONSUMER ACCOUNT APPLICATION

ACCOUNT TYPE

- Checking CD HSA/IRA
- Savings or Money Market Safe Deposit Box

ACCOUNT OWNERSHIP

- Owner Joint Owner Personal Representative
- Authorized Agent Power of Attorney Conservator
- Trustee Beneficiary

APPLICANT INFORMATION

NAME: _____ SS# : _____
Last First Middle

HOME ADDRESS: _____
Street City, State Zip

MAILING ADDRESS: _____
PO Box / Street City, State Zip

DRIVERS LICENSE #: _____
Issue Date/ Expiration Date

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ OCCUPATION _____

EMPLOYER: _____
Name City, State

NEAREST RELATIVE: _____
Name Phone # Relationship

PREFERRED CONTACT METHOD: Call Home Call Cell Email

BACKUP WITHHOLDING: I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

The undersigned acknowledge(s) receipt of a copy of and agree(s) to the terms of the following disclosure(s):

Truth in savings Electronic Funds Transfer Funds Availability Privacy _____

I certify that everything I have stated in this 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. By providing my email address, I also give you permission to communicate with me electronically regarding promotions/happenings at Woodland Bank. I may withdraw my consent to receive these emails at any time by contacting customer service at any of Woodland Bank's 4 locations or by "opting" out within the emails I receive.

Applicant's Signature

Date

*******BANK USE ONLY*******

Branch: _____ Account #: _____

Government / Other Lists Checked: OFAC ChexSystems Credit Bureau Existing Customer

Address match ID? If NO, Why? _____ Risk: _____

 Employee Signature
 Rev 2.2022

 Date