

New Account Application



**This application must be printed signed and brought into the bank to open the account in person.*

PRIMARY ACCOUNT HOLDER

Full Name (use legal name) _____

Social Security Number _____ Date of Birth _____

Mailing Address _____ Apt. # _____ P.O.Box _____

City, State, Zip _____

Years at Address _____ Home Phone Number _____ Married Single

Driver's License Number _____ State of Issuance _____

Date of Issuance _____ Expiration Date _____

Employer _____ Address _____

Employer Phone _____ Your Email _____

SECONDARY ACCOUNT HOLDER (if applicable)

Full Name (use legal name) _____

Social Security Number _____ Date of Birth _____

Mailing Address _____ Apt. # _____ P.O.Box _____

City, State, Zip _____

Years at Address _____ Home Phone Number _____ Married Single

Driver's License Number _____ State of Issuance _____

Date of Issuance _____ Expiration Date _____

Employer _____ Address _____

Employer Phone _____ Your Email _____

Please indicate the choice which best describes the reason you chose Hiawatha National Bank.

Convenience Advertisement Products/Services Referral Other _____

Former Address (if less than two years at current) _____

I represent that these statements are true and complete and authorize the Bank to verify them and obtain additional information concerning our credit standing and furnish the same to others, to answer any questions about our account experience and other financial relationships with them, and agree to the provisions of any rules, regulations, or agreements governing such account(s). This application is the Bank's property. I understand it may be a federal crime punishable by law or imprisonment or both to knowingly make any false statements concerning any of the above facts.

Signature _____ Date _____

Secondary Account Holder Signature _____ Date _____