



Personal Account Opening Form

Thank you for choosing Embassy National Bank. Please select the account(s) you would like to open, along with any of our other listed products and services in which you might be interested:

<input type="checkbox"/> High Yield Personal Checking	<input type="checkbox"/> Minor Savings
<input type="checkbox"/> Personal Interest Checking	<input type="checkbox"/> Certificate of Deposit: Term: _____
<input type="checkbox"/> Personal Flat Fee Checking	<input type="checkbox"/> ATM Card
<input type="checkbox"/> Personal Money Market	<input type="checkbox"/> Debit Card
<input type="checkbox"/> Personal Savings	<input type="checkbox"/> Overdraft Sweep from Savings

Complete the following form to open your new account*:

PRIMARY OWNER INFORMATION (please print)			
First Name:	Middle Initial:	Last Name:	Social Security #
Mailing Address:	City:	State:	Zip:
Previous address if at current for less than six months:			
Physical Address (if different):			
Home Phone #:	Cell Phone #:	E-Mail:	
Employer:	Address/Phone:	Length of Employment:	
Driver's License#:	State:	Expiration Date:	Date of Birth:
Please include a copy of your drivers license if submitting application by mail			
JOINT OWNER INFORMATION (please print)			
First Name:	Middle Initial:	Last Name:	Social Security #
Mailing Address:	City:	State:	Zip:
Previous address if at current for less than six months:			
Physical Address (if different):			
Home Phone #:	Cell Phone #:	E-Mail:	
Employer:	Address/Phone:	Length of Employment:	
Driver's License#:	State:	Expiration Date:	Date of Birth:
Please include a copy of your drivers license if submitting application by mail			

* For your protection all new National Bank account applications are verified by Equifax Financial Services & Chex Systems.

Please sign and Mail with Funds to: **Embassy National Bank, P O Box 465088, Lawrenceville, GA 30042-5088**

Visit us online at: www.embassynationalbank.com