



Thank you for your interest in establishing a new deposit account with Bank of Akron. With the completion of this form, the bank will prepare the documents needed to open your account.

Please indicate the type(s) of account(s) that you are interested in opening:

- Checking Savings Minor Savings
CD IRA Christmas Club

Other services you may be interested in:

- Online Banking Direct Deposit E-Statements

The Bank of Akron requires the following Primary and Secondary forms of ID in order to open a new account.

PRIMARY ID:
Driver's License

SECONDARY ID:
Social Security Card/Credit Card

PERSONAL INFORMATION OR JOINT ACCOUNT OWNER:

NAME: _____

TITLE: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LISCENSE #: _____ ISSUE DATE: _____ EXP. DATE: _____

DATE OF BIRTH: _____

NAME: _____

TITLE: _____

ADDRESS: _____





HOME PHONE: _____ WORK PHONE: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LISCENSE #: _____ ISSUE DATE: _____ EXP. DATE: _____

DATE OF BIRTH: _____

Opening Deposit Amount? _____

Source of Deposit? _____

Number of signatures required to access funds? _____

A Bank of Akron customer service representative will contact you to schedule a convenient time for you to come into the branch and sign the appropriate documents. Account signature cards must be signed in person in front of a Bank of Akron Customer Service Representative. Please specify a time and day that would be suitable for you.

Appointment Day: _____ Time: _____

Signature: _____ Date: _____

Signature: _____ Date: _____