

# Community Point Bank New Account Application

I am interested in:

- Checking Account
- Savings Account
- Certificate
- Money Market

Ownership of Personal Account:

- Personal
- Individual
  - Joint

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## Individual Applicant Information

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address is different than physical address:

\_\_\_\_\_

E-Mail address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

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## Joint Application Information:

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address is different than physical address

\_\_\_\_\_

E-Mail address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Number of years resident in the area: \_\_\_\_\_

County of residence: \_\_\_\_\_

How did you hear about us or are you an existing customer? \_\_\_\_\_

What is the nature of the account? (Ex. Personal/Savings) \_\_\_\_\_

Describe the types of transactions you will be processing through the account.

Ex. Household/Personal) \_\_\_\_\_

Would you like to opt out of a monthly paper statement? (If yes, you may view your statement online via internet banking)  Yes  No

### Signatures:

By submitting your personal information to chexsystems, you acknowledge your agreement to provide accurate identifying information and your understanding that chexsystems may access, store, and use this information to the extent permitted by law.

Additional information may be required. Completing and submitting this form does not guarantee approval of the account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail the completed form to: [mail@ourcpb.bank](mailto:mail@ourcpb.bank)**

Thank you for the submission. Someone will be in contact soon.

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### FOR FINANCIAL USE ONLY

Date: \_\_\_\_\_ Account #: \_\_\_\_\_

Initial Deposit: \_\_\_\_\_ Form of Deposit: \_\_\_\_\_

Total Risk Rate: \_\_\_\_\_