

Community Point Bank

New Account Application

I am interested in:

- Checking Account
- Savings Account
- Certificate
- Money Market

Ownership of Personal Account:

- Personal
- Individual
- Joint

Individual Applicant Information

Name: _____

Physical Address: _____

Mailing Address is different than physical address:

E-Mail Address: _____

Home Phone #: _____

Cell Phone #: _____

Occupation/Employer: _____

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: _____

Co-Applicant: _____ Date: _____

Please email the completed form to: mail@ourcpb.bank

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

FOR FINANCIAL USE ONLY

Date: _____ Account #: _____

Initial Deposit: _____ Form of Deposit: _____

Total Risk Rate: _____