



New Account Application

CUSTOMER INFORMATION

PRIMARY ACCOUNT HOLDER

First, Middle, and Last Name: _____

Social Security Number: _____ - _____ - _____

Address: _____

City, State, ZIP: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Date of Birth: _____

SECURITY QUESTIONS

Place of Birth: _____

Mother's Maiden Name: _____

IDENTIFICATION (Please enclose copy of a valid photo ID)

Driver's License/State ID Number: _____

Issue Date: _____ Expiration Date: _____

If Joint Account, please provide the following information:

JOINT ACCOUNT HOLDER

First, Middle and Last Name: _____

Social Security Number: _____ - _____ - _____

Address: _____

City, State, ZIP: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Date of Birth: _____

SECURITY QUESTIONS

Place of Birth: _____

Mother's Maiden Name: _____

IDENTIFICATION (Please enclose copy of a valid photo ID)

Driver's License/State ID Number: _____

Issue Date: _____ Expiration Date: _____

OWNERSHIP OF ACCOUNT (Please check one)

- Individual
- Joint Account
- Individual POD/ATF _____
- Joint POD/ATF _____
- Living/Family Trust _____

(for all Living/Family Trust accounts, please include a copy of the first and last page of the trust documents)

Account Title: _____

TYPE OF ACCOUNT (Please check one)

- | | | | |
|------------------|---|-----------------|--|
| CHECKING: | <input type="checkbox"/> Ultimate Checking | SAVINGS: | <input type="checkbox"/> Statement Savings |
| | <input type="checkbox"/> Ideal Checking | | <input type="checkbox"/> Premium Passbook |
| | <input type="checkbox"/> NOW Tiered Checking | | <input type="checkbox"/> Passcard Savings |
| | <input type="checkbox"/> High Yield Checking | | |
| | <input type="checkbox"/> Money Market Account | | |
| | <input type="checkbox"/> Certificate of Deposit: _____ month term | | |

(Certain accounts have minimum balances to open and/or to avoid service fees.)

OPENING AMOUNT \$ _____

Signature: _____

Signature: _____

Please return this signed form and your opening deposit to:

Home Savings of America
35 East Broadway
Little Falls, MN 56345
Attn: New Accounts

Once received, we will open the account and return a signature card for you to sign, along with any required disclosures. All accounts will receive the rate in effect on the date the deposit is received. Until we receive back your completed paperwork, we cannot allow any transactions on the account. If you have any questions, please do not hesitate to contact us at 320-632-5461.