

Franklin

Savings Bank

INFORMATION NEEDED TO OPEN NEW ACCOUNTS

Name (*First, Middle initial, Last*): _____

Mailing Address: _____

Physical address: _____

Number of years: _____

Previous address: _____

Number of years: _____

Date of birth: _____ Social security number: _____

Mother's maiden name: _____

E-mail address: _____

Phone number: _____ Cell: _____ Work: _____

Security question (*other than mother's name*): _____

Answer: _____

Driver's License #: _____ State issued: _____ Iss date: _____ Exp Date: _____

US Passport #: _____ Iss date: _____ Exp date: _____

Credit card issuer name: _____ Visa or MC: _____

Social security card: _____ Birth Certificate: _____

Must have copies of ID (Need to be notarized)

Current Employer: _____

Number of years employed: _____

Occupation: _____

Employer Address: _____

Previous employer: _____

Previous employer address: _____

Previous banking institutions: _____

Type of accounts held there: _____

Thank you for choosing Franklin Savings Bank