

WCF FINANCIAL BANK
NEW ACCOUNT APPLICATION

Section A - Individual Applicant Information

Name (Last, First, Middle)		Birth Date		Mothers Maiden Name	
Cell Phone Number	Telephone Number	Social Security No.	ID Number	State Issue	Issue Date
			Expiration Date		
Address (Street, City State & Zip)			How Long		
Previous Address (Street, City, State & Zip) (Complete if less than 3 years at present address)			How Long		
Employer (Company Name & Address)			How Long		
Business Phone		Position or Title			
Documentary Identification 11		2			
Non-Documentary Identification 11					
Have you had a checking account before?			If so, where (Name of Institution and City)		
Do you have other accounts with our bank? (Please list)					
Name and address of nearest relative not living with you		How related		Telephone number	
Email Address					

WCF Financial Bank reserves the right to make reference calls to check verification with companies and/or employers.

By signing below you give authority for the institution to request credit bureau reports for rating and application approval purposes.

Applicants Signature	Date
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Teller Initials	Account No
Officer Initials	Section B Mailed: Yes' No
Date	Referred By:

Transfer Number (10)

10FAC
