



Switch Kit – New Account Information*

Individual Account

Name, Street Address, City, State, ZIP, Mailing Address (if different), Home Phone, Work Phone, Email Address

Joint Account

Name, Street Address (if different), City, State, ZIP (if different), Mailing Address (if different), Home Phone, Work Phone, Email Address

Primary Account Holder Information

Social Security Number, Driver's License Number, Expiration Date, Date of Birth, Alternate Access Code (alpha or numeric), Employer, Position

Joint Account Holder Information

Social Security Number, Driver's License Number, Expiration Date, Date of Birth, Alternate Access Code (alpha or numeric), Employer, Position

I would like to open:

- Personal Checking, Business Checking, Money Market, Statement Savings, CD, IRA, I/we would like an ATM/Check Card, I/we would like transfer capabilities at the ATM and online, I/we would like free online access to account(s).

Please note that Primary and Joint account holders will need to sign an official account form in person at a Bank of St. Elizabeth location before the account can be opened.

*The purpose of this questionnaire is to begin the application process. All applications are subject to approval.

