

United Minnesota Bank
New Account Application
PLEASE PRINT

Full Name: _____

Address: _____ City, State, Zip Code: _____

Mailing Address: _____

City, State, Zip Code: _____

Social Security #: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Place of Employment: _____

Address of Employment: _____

Length of Employment and Position: _____

Driver's License # or Other Form of Picture I.D.: _____

State/Expiration Date: _____

Previous Financial Institution: _____

Reference (Relative not living with you):

Name: _____ Address: _____ Phone #: _____

Reference (Non-Relative):

Name: _____ Address: _____ Phone #: _____

Have you been convicted of a check crime within the last 12 months? _____

Have you had an account closed within the last 12 months due to NSF? _____

Everything I have stated in this application is correct and true to the best of my knowledge. I understand that I may be guilty of perjury if I made any material misstatements. I also understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

Signature: _____ Date: _____

I wish to add _____ as joint owner with survivorship/no survivorship (circle one) on my account #

_____ as soon as they have filled out a New Account Application and have provided proper identification with United Minnesota Bank.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____