



NEW ACCOUNT APPLICATION

Once application is complete, please submit to a Personal Banker at any of our locations.

APPLICATION INFORMATION

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: when you open an account we will ask for your name, address, date of birth, tax ID number and other information that will allow us to identify you. We may also ask to see and copy your current driver's license or other identifying documents. In all cases, protection of our customer's identity and confidentiality is Community Bank's pledge to you.

Type of account applying for			
How did you hear about us			
Full Name (First, Middle, Last)			
Date of Birth		Social Security Number	
Current Address (No P.O. Boxes)			
City	State	Zip	
Mailing Address (if different)			
City	State	Zip	
Home Number		Cell Number	
Email			
Driver's License Number			
State	Issue Date	Exp Date	
Passcode / Mother's Maiden Name			
In handling my account:			
Contact me at:	Home	Cell	Business
Send statements / other communications to:	Home	Business	Business

EMPLOYMENT INFORMATION

Current Employer			
Position with Company			
Employer Address			
City	State	Zip	
Phone Number		Employment Length	

OTHER INFORMATION

Name of relative not residing with you			
Current Address (No P.O. Boxes)			
City	State	Zip	
Phone Number		Relationship	

CO-APPLICANT OR AUTHORIZED SIGNER INFORMATION

Full Name (First, Middle, Last)			
Date of Birth		Social Security Number	
Current Address (No P.O. Boxes)			
City	State	Zip	

CO-APPLICANT OR AUTHORIZED SIGNER INFORMATION CONTINUED

Mailing Address (if different)		
City	State	Zip
Home Number	Cell Number	
Email		
Driver's License Number		
State	Issue Date	Exp Date
Passcode / Mother's Maiden Name		

CO-APPLICANT OR AUTHORIZED SIGNER EMPLOYMENT INFORMATION

Current Employer		
Position with Company		
Employer Address		
City	State	Zip
Phone Number	Employment Length	

CO-APPLICANT OR AUTHORIZED SIGNER OTHER INFORMATION

Name of relative not residing with you		
Current Address (No P.O. Boxes)		
City	State	Zip
Phone Number	Relationship	

GENERAL INFORMATION

Minnesota Law requires the following information be provided by one applicant if you are applying for a transaction (checking) account. If you make a false statement in this document that you do not believe to be true, you are guilty of perjury.

1. Have you had a transaction account at this or another financial intermediary within 12 months before making this application? No Yes - Name of institution _____
2. Have you had a transaction account closed by this or another financial intermediary within 12 months before making this application? No Yes - Name of institution _____
3. Have you been convicted of a criminal offense because of the use of checks or other similar items within 24 months of making this application? No Yes - Name of institution _____

Please let us know if you are interested in learning about our other products and services.

Online Banking	EMV Debit Card	Safe Deposit Box
Mobile Banking	Credit Card	IRA / CD
Online Bill Pay	Direct Deposit	Overdraft Protection
eStatements	Combined Statements	Savings Transfer Overdraft Protection

I certify that everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved.

I authorize Community Bank Mankato to pull a credit bureau report if needed to process this application.

Signature of Applicant	Date
Signature of Co-Applicant, if Joint Account	Date
Signature of Authorized Signer	Date

951 Madison Ave Mankato, MN 56001 507-625-1551	300 St. Andrews Dr Mankato, MN 56001 507-385-4444	203 East Maine St P.O. Box 368 Amboy, MN 56010 507-674-3300	405 Parkway Ave Eagle Lake, MN 56024 507-257-5120	201 E Main St P.O. Box 307 Vernon Center, MN 56090 507-549-3679
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