



Account Type: ☐ Checking ☐ Savings ☐ Debit Card ☐ HSA >

Employee Account Information Form

| | | | |
|-----------------------------|--|-----------------------|--|
| Date: | | Branch/Dept Location: | |
| Employee Name: | | SSN: | |
| Address: | | Date of Birth: | |
| City / State / Zip Code | | Email Address: | |
| Home Telephone: | | Alternate Telephone: | |
| ID Type / Identification #: | | Issue Date: | |
| Issuing Country / State: | | Expiration Date: | |
| Date of Hire: | | Mother's Maiden Name: | |
| Citizenship Country: | | Country of Birth: | |

Photocopy of the Joint Owner's Identification is required.

| | | | |
|-----------------------------|--|-----------------------|--|
| Joint Owner Name/Relation** | | SSN: | |
| Address: | | Date of Birth: | |
| City / State / Zip Code: | | Email Address: | |
| Home Telephone: | | Alternate Telephone: | |
| ID Type / Identification #: | | Issue Date: | |
| Issuing Country / State: | | Expiration Date: | |
| Employer: | | Occupation: | |
| Employer Address: | | Employer Telephone: | |
| Date of Hire: | | Mother's Maiden Name: | |
| Citizenship Country: | | Country of Birth: | |

| | | | |
|--------------------------|--|----------------|--|
| Beneficiary Name: | | SSN: | |
| Address: | | Date of Birth: | |
| City / State / Zip Code: | | Email Address: | |
| Beneficiary Name: | | SSN: | |
| Address: | | Date of Birth: | |
| City / State / Zip Code: | | Email Address: | |

Anticipated Account Activity (Required Information for all Accounts)

Ranges Based on Monthly Activity (Please circle)

Frequency must be one of the following ranges: **1)** 1-12; **2)** 13-25; **3)** 26-50; **4)** 51-75; **5)** 76-100 **6)** 100 +

Amount: **A)** 1-\$25K; **B)** <\$25K-50K; **C)** <\$50K-100K; **D)** <\$100K-\$250K; **E)** <\$250K-500K; **F)** <\$500K-\$1MM; **G)** <\$1MM and over.

****The joint owner must provide one form of Identification, which must bear a photograph of the owner.** Refer to the Check Cashing and Identification Guide for valid forms of identification.

Upload the completed form via ServiceNow > Bank Operations > Client Care Support > Employee Requests

Print Address on Checks: ☐ YES ☐ NO Duplicate Checks: ☐ YES ☐ NO Print Phone Number: ☐ YES ☐ NO Note: Standard Checks Only

OPERATIONS USE ONLY

Account # _____

Date Opened: _____

ATM/DBC # _____ Date Card Ordered: _____ Date Checks Ordered: _____