



Exchange Bank
P.O. Box 446 Natchitoches, LA 71458

APPLICATION

PLEASE PRINT

318-352-8141

MEMBER FDIC

www.exchange-bank.com

IMPORTANT APPLICATION INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. Please answer each question as thoroughly as possible.

PRIMARY OWNER

FIRST NAME:		MIDDLE INITIAL:	LAST NAME:	
PHYSICAL ADDRESS:			CITY:	STATE: ZIP CODE:
MAILING ADDRESS:			CITY:	STATE: ZIP CODE:
SOCIAL SECURITY NO.	TAX ID / EIN:	HOME PHONE:	CELL PHONE:	WORK PHONE:
DATE OF BIRTH:	DRIVER'S LICENSE NO. & ISSUING STATE:	ISSUING DATE:	EXPIRATION DATE:	
EMPLOYER:			EMAIL:	
SIGNATURE:			DATE:	REFERRED BY:

JOINT ACCOUNT HOLDER (if applicable)

FIRST NAME:		MIDDLE INITIAL:	LAST NAME:	
PHYSICAL ADDRESS:			CITY:	STATE: ZIP CODE:
MAILING ADDRESS:			CITY:	STATE: ZIP CODE:
SOCIAL SECURITY NO.	TAX ID / EIN:	HOME PHONE:	CELL PHONE:	WORK PHONE:
DATE OF BIRTH:	DRIVER'S LICENSE NO. & ISSUING STATE:	ISSUING DATE:	EXPIRATION DATE:	
EMPLOYER:			EMAIL:	
SIGNATURE:			DATE:	REFERRED BY:

REQUESTED ACCOUNT TYPE		OTHER DESIRED SERVICES		LENDING
<input type="checkbox"/> PRESTIGE	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> ONLINE BANKING	<input type="checkbox"/> LOANS	<input type="checkbox"/> MORTGAGES
<input type="checkbox"/> PREMIUM	<input type="checkbox"/> MONEY MARKET	<input type="checkbox"/> E-STATEMENTS	<input type="checkbox"/> HOME EQUITY	<input type="checkbox"/> LINE OF CREDIT
<input type="checkbox"/> PRIME	<input type="checkbox"/> CHRISTMAS CLUB	<input type="checkbox"/> VISA DEBIT CARD	<input type="checkbox"/> CONSUMER LOANS	<input type="checkbox"/> COMMERCIAL LOANS
<input type="checkbox"/> PRIME MATURE	<input type="checkbox"/> CERTIFICATE OF DEPOSIT	<input type="checkbox"/> OVERDRAFT PROTECTION		
<input type="checkbox"/> PRIME STUDENT	<input type="checkbox"/> IRA	<input type="checkbox"/> BILL PAY		
<input type="checkbox"/> FREE	<input type="checkbox"/> SAFE DEPOSIT BOX	<input type="checkbox"/> E-ALERTS		
<input type="checkbox"/> NOW		<input type="checkbox"/> 24-HOUR TELEBANK		
<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> VISA GIFT CARD		
<input type="checkbox"/> CHURCH & NON-PROFIT ORGANIZATIONS		<input type="checkbox"/> VISA TRAVEL MONEY CARD		
		<input type="checkbox"/> BUSINESS/CONSUMER CREDIT CARD		

I certify that everything I have stated in this application and any attachments is correct. The bank may keep this application whether or not it is approved. By signing this application, I authorize the bank to check my credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The Bank may also answer questions others may ask about my credit record with Exchange Bank. I understand that I must update this credit information upon request and I will report any changes in my financial condition. By signing this application, I acknowledge receipt of and agree to the terms of the application agreements, deposit account agreements, contracts, disclosures and service charge schedule(s). I understand that this application in no way supersedes or changes the terms of any other agreement(s).

FOR BANK USE ONLY

CSR_____	NEW ACCOUNT_____
DATE_____	ADD SIGNER/JOINT OWNER_____
ACCOUNT(S) OPENED: # _____	INITIAL DEPOSIT: \$ _____
# _____	\$ _____
# _____	\$ _____