

## NEW Account Information

## Please check all that you wish to open.

□ Checking □ □ Certificate of Deposit □

SavingsSafe Deposit Box

## **Primary Applicant**

First Name	MI		Last Name
Physical Address		Rent	Own
City		State	Zip
Home Phone	Work Phone		Cell Phone
SSN or TIN	D.O.B		Email Address
Driver's License Number	Driver's License Issue Date	Driver's	License Expiration Date
Employer's Name			
Occupation			

## Why did you choose State Bank?

Signature

Date

Note: Photo ID is required when you open your account.

401 Clinton Street | Defiance, OH 43512 P 800.273.5820 YourStateBank.com

