

# NEW Account Information

**Thank you** for choosing The Hicksville Bank.

**Please select all products that you wish to open.**

\_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Certificate of Deposit \_\_\_\_\_ Individual Retirement Account

\_\_\_\_\_ Safe Deposit Box (available at our Hicksville, Auburn, and Edgerton locations)

## Primary Applicant

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

SSN or TIN: \_\_\_\_\_ DOB: \_\_\_\_\_ Email address: \_\_\_\_\_

\*Driver's license color copy needed.

Employer's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

## Joint Applicant

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

SSN or TIN: \_\_\_\_\_ DOB: \_\_\_\_\_ Email address: \_\_\_\_\_

\*Driver's license color copy needed.

Employer's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

To help the government fight the funding of terrorism and money laundering activities, the law requires all institutions to obtain, verify, and record information that identifies the person who opens an account. When you open an account we will ask to see your driver's license or other identifying documents.

144 E. High Street, Hicksville, OH 43526  
(419) 542-7726 | THB.bank

