

KEYSAVINGS BANK

N.O.W. CHECKING ACCOUNT APPLICATION

Date

Account Number

PLAN CHOICE:

Account Type:Rate

NAMEBirthdateSocial Security #US Citizen

1.Y / N

2.Y / N

3.Y / N

4.Y / N

ADDRESS:Phone Number:

CityStateZip+4Email:

If above address is less than 2 years:State of Residence

Street addressNew CustomerPresent Customer

CityStateZip +4

DEPOSITOR INFORMATION:CO-DEPOSITOR INFORMATION:

EMPLOYER:	EMPLOYER:
ADDRESS:	ADDRESS:
LENGTH OF SERVICE:	LENGTH OF SERVICE:
WI DRIVERS LICENSE #:	WI DRIVERS LICENSE #:
-or-WI STATE ID#:	-or-WI STATE ID#:
ISSUE DATE:	ISSUE DATE:
DL EXP DATE:	DL EXP DATE:
OTHER:	OTHER:

OTHER SERVICES USED AT BANK:

Certificate of DepositMortgage LoanD.D. Retirement CheckStatement Savings

Consumer LoanD.D. Payroll CheckKEYCARD Debit CardAuto. Loan Pay.

Trans. from CD AcctVisaO.D.P.IRA

HELOCChristmas ClubKeyKid SavingsHealth Savings Account

Other

CHECKS ORDERED:

Check StyleCheckbook CoverStarting check #Date orderedInfo. to be printed on checks:

Officer Initials

I (We) certify that the above information is correct, and
I (We) authorize any necessary credit checks to be made for my account, now or in the future.

Authorized Signature

Authorized Signature

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT — To help the government fight the funding of terrorism and money laundering activities, 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, and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

f/Common/DDA/DDA Forms/DDA Application