## **New Account Worksheet**

Please e-mail completed worksheet to <a href="mailto:newaccounts@bankoflafayette.com">newaccounts@bankoflafayette.com</a> or fax to 706-639-0134

Please complete for each signer on account.

Federal law requires us to obtain sufficient information to verify the identity of all signers. Please provide us with a copy of your Driver's License, State Issued Photo ID or Passport. If your address does not match what is listed on your photo ID, we also require address verification by means of a document such as a utility bill showing your current address.

Name:						
Relationship/Ownership of A	Account: 🗆 Individual 🛭 🗆 Joint with Su	rvivorship (not as tena	ants in common)			
☐ Joint with No Survivorshi	p (as tenants in common) □ Trust – S	eparate Agreement D	ated:			
☐ Corporation — For Profit	□ Corporation – Nonprofit □ Partner	ship 🗆 Sole Proprietor	rship   Limited Liability Company			
☐ Signer only ☐ Other						
Physical Address:						
Mailing Address if different	that physical:					
Home Phone:	Mobile Phone:	Business Phone:				
Birth Date:	Date: Social Security Number / TIN:					
Driver's License #:	State Issued	Issue Date	Exp. Date			
E-mail address:						
Employer:						
Occupation:						
Type of Account:						
Beneficiary Designation if a	oplicable:					
Type of Account: Please ref	er to the Service Link on the Bank's we	ebsite for a list and des	scription of the accounts offered.			
□ Personal Checking □ Ulti	mate Checking   Complete Customer	Checking   Prestige	Account 🗆 Senior Checking			
☐ Student Checking ☐ NOV	V Account □ MMDA □ Commercial C	hecking 🗆 Statement	Savings   Certificate of Deposit			
☐ Individual Retirement Acc	ount					