



ACCOUNT	<input type="checkbox"/> Optimum Checking \$		
ACCOUNT TYPE	<input type="checkbox"/> Individual	<input type="checkbox"/> POD/Totten Trust	<input type="checkbox"/> Formal Trust
	<input type="checkbox"/> Joint w/Right of Survivorship	<input type="checkbox"/> Joint w/No Right of Survivorship	<input type="checkbox"/> Other _____
BANK USE ONLY	Account # _____	<input type="checkbox"/> Chairman's Circle	<input type="checkbox"/> Advisory Group
	Check Style #: _____	Cover Style #: _____	
	Misc. Ck. Info: _____		
	Check Personalization:	<input type="checkbox"/> Physical Address	<input type="checkbox"/> Mailing Address
		<input type="checkbox"/> Phone Number	
NAME		NAME	
ADDRESS (No PO Boxes)		ADDRESS (No PO Boxes)	
CITY		CITY	
STATE & ZIP CODE		STATE & ZIP CODE	
MAILING ADDRESS (If different)		MAILING ADDRESS (If different)	
EMAIL ADDRESS:		EMAIL ADDRESS:	
HOME PHONE:		HOME PHONE:	
CELL PHONE:		CELL PHONE:	
BUSINESS PHONE:		BUSINESS PHONE:	
SOCIAL SECURITY #:		SOCIAL SECURITY #:	
MOTHER'S MAIDEN NAME:		MOTHER'S MAIDEN NAME:	
DATE OF BIRTH:		DATE OF BIRTH:	
PLACE OF BIRTH:		PLACE OF BIRTH:	
IDENTIFICATION #:		IDENTIFICATION #:	
ISSUE DATE:	EXPIRATION DATE:	ISSUE DATE:	EXPIRATION DATE:
EMPLOYER:		EMPLOYER:	
OCCUPATION:		OCCUPATION:	
<input type="checkbox"/> I declare, under penalty of perjury under the laws of the State of Arizona, that the foregoing is true and correct.			
<input type="checkbox"/> Bank 1440 reserves the right to make reference calls to check verification companies and/or employers, and to decline any new account applicant. By signing below, I give authority to Bank 1440 to request credit bureau reports for rating and application approval purposes.			
<input type="checkbox"/> In connection with my application for underwriting, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience.			
<input type="checkbox"/> I acknowledge that a fax, copy or email of this application shall be as valid as the original.			
<input type="checkbox"/> I hereby authorize, without reservation, any agency, institution, information service bureau, reference or insurance company contacted by Bank 1440 or its agent, to furnish the information described here.			
Signature: _____			Date: _____
Signature: _____			Date: _____