

SUMMIT BANK ACCOUNT APPLICATION

INDIVIDUALS (separate form must be filled out for each individual or entity)

Date: _____

Customer Name: (Last, First, MI) _____

Employer: _____ **Occupation:** _____

Mother's Maiden Name: (optional) _____ **Security Code: (optional)** _____

Documentary Verification (required for all owners or authorized signers)*

Two documents required, *One must be from Primary list*

Primary (one required unless customer is disabled or elderly)	Secondary	
Driver's license (as shown in ID Checking Guide)	Insurance Card	Medicare / Medicaid Card
Government ID card (Federal or Oklahoma)	Utility Bill	Voter Registration
Passport (with photo) Military ID (with photo)	Property Tax Bill	Social Security Card
Document registration or identification number, including state of issuance, if applicable _____	Major Credit Card	Employer / School ID Card
*Attach copy of primary documentation	Birth Certificate	Tribal ID Card

ENTITIES

Name of Entity: (Legal Title) _____

DBA: _____

INDIVIDUALS AND ENTITIES

To the extent that the following information was not obtained within other documents, the following information must be documented below:

Physical address: _____

Mailing address: _____

Email address: _____

Phone numbers: Home _____ Cell _____ Work _____ Fax _____

TIN, EIN, or W-8: _____ **Date of birth: (individuals only)** _____

Business Purpose: _____

NATURE OF ACCOUNT

Purpose: _____

Reason for choosing Summit Bank: _____

ACCOUNT TYPE: CHECKING MONEY MARKET SAVINGS CD LOAN
ONLINE BANKING: YES NO **DEBIT CARD:** YES NO **ATM CARD:** YES NO

Please complete and return. Documents will be prepared for your signature.

 **SUMMIT BANK**
5314 S YALE AVE STE 100
TULSA OK 74135
FAX: (918) 481-8825

Member
FDIC 
EQUAL HOUSING
LENDER