

New Account Application (Primary Account Holder) Checking Savings

Name (First):		(Middle):		(Last):	
Address:		City:		State:	Zip:
How long have you lived at the above address?					
Previous Address (If less than 1 year at current address):					
City:		State:		Zip:	
Driver's License #:		Date of Birth:		E-Mail Address:	
Social Security #:		Employer:			
Home Phone:		Business Phone:		Cell Phone:	
Name of nearest living relative:					
Address:		City:		State:	Zip:
Home Phone:		Mother's Maiden Name:			
Have you had a checking or savings acct. at CNB or another financial institution within 12 months prior to this application?					
<input type="checkbox"/> No <input type="checkbox"/> Yes		Name of Institution (If other than CNB):			
Have you had a checking account closed by a financial institution without your consent before filling out this application?					
<input type="checkbox"/> No <input type="checkbox"/> Yes		Reason:			
Have you been convicted of a criminal offense because of negligent use of a check within 24 months of this application?					
<input type="checkbox"/> No <input type="checkbox"/> Yes					

Joint Account Holder (If Applicable)

Name (First):		(Middle):		(Last):	
Address:		City:		State:	Zip:
How long have you lived at the above address?					
Previous Address (If less than 1 year at current address):					
City:		State:		Zip:	
Driver's License #:		Date of Birth:		E-Mail Address:	
Social Security #:		Employer:			
Home Phone:		Business Phone:		Cell Phone:	
Name of nearest living relative:					
Address:		City:		State:	Zip:
Home Phone:		Mother's Maiden Name:			
Have you had a checking or savings acct. at CNB or another financial institution within 12 months prior to this application?					
<input type="checkbox"/> No <input type="checkbox"/> Yes		Name of Institution (If other than CNB):			
Have you had a checking account closed by a financial institution without your consent before filling out this application?					
<input type="checkbox"/> No <input type="checkbox"/> Yes		Reason:			
Have you been convicted of a criminal offense because of negligent use of a check within 24 months of this application?					
<input type="checkbox"/> No <input type="checkbox"/> Yes					

**IF YOU MAKE A FALSE MATERIAL STATEMENT IN THIS DOCUMENT THAT YOU DO NOT BELIEVE TO BE TRUE,
YOU ARE GUILTY OF PERJURY.**

Primary Account Holder Signature:	Date:
Joint Account Holder Signature:	Date:



Please fill out this application and bring it with you when opening your account or mail it to the address below:

***Note: When opening a new account you will need to bring a current form of identification and Social Security card. You will also need to sign important documents in person.**

**Citizens National Bank
Attn: New Accounts
300 1st Street West
PO Box 231
Park Rapids, MN 56470**