



Citizens National Bank

300 W. 1st. Street
Park Rapids, MN 56470
(218) 732-3393
www.cnbbank.com

Consumer Account Application

Hometown free checking _____ Hometown E-checking _____ Hometown Student checking _____
Hometown Interest checking _____ Hometown Club _____ Classic Club _____ Money Market _____
Statement savings _____ Christmas Club Saving _____ Certificate of Deposit _____
ATM/Debit Cards _____ Internet Banking _____ Safe Deposit Box _____

Primary Applicant:

Account number assigned _____

Full First Name: _____ MI: _____ Last Name: _____

US Citizen: _____ Yes _____ No Social Security #: _____ DOB: _____

Street Address _____ City: _____

State: _____ Zip Code: _____ Mothers Maiden Name: _____

Mailing Address if different from above: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Driver's License or Government Issued ID# _____ Exp. Date: _____

Employer _____ Occupation *(Be Specific)* _____

Employer Address _____

Name of nearest relative not living with you: _____

Joint Applicant:

Full First Name: _____ MI: _____ Last Name: _____

US Citizen: _____ Yes _____ No Social Security #: _____ DOB: _____

Street Address _____ City: _____

State: _____ Zip Code: _____ Mothers Maiden Name: _____

Mailing Address if different from above: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Driver's License or Government Issued ID# _____ Exp. Date: _____

Employer _____ Occupation *(Be Specific)* _____

Employer Address _____

Name of nearest relative not living with you: _____

Authorized Signer:

Full First Name: _____ MI: _____ Last Name: _____

Social Security # _____ DOB: _____

Street Address: _____ City: _____ State: _____

Driver's License or Government issued ID# _____ Exp. Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Pay on Death to:

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____

Phone # _____ SS # _____ DOB: _____

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____

Phone # _____ SS # _____ DOB: _____

Checking Account Information required by State law

Have you been a resident of MN for the past 5 Years?

Primary: ___ Yes ___ No **Joint:** ___ Yes ___ No If no, where have you lived? _____

Have you had a checking account at this or another financial institution within the 12 months of making this application? **Primary:** ___ Yes ___ No **Joint:** ___ Yes ___ No If yes, name of the institution _____

Have you had a checking account closed by a financial institution without your consent within the last 12 months of making this application? **Primary:** ___ Yes ___ No **Joint:** ___ Yes ___ No Reason _____

Have you been convicted of a criminal offense because of the use of a check or similar item within 24 months of making this application? **Primary:** ___ Yes ___ No **Joint:** ___ Yes ___ No

If you make a false material statement in this document that you do not believe to be true, you are guilty of perjury.

Signature: **Primary** _____ **Date** _____

Joint _____ **Date** _____

How did you hear about us? ___ Website ___ Radio ___ Newspaper ___ Friend ___ Other

For internal use only: Record Found: Primary _____ **Joint** _____

Information verified by: _____ **Date:** _____

