



New / Updated Personal Account Interview Sheet

Account Type(s): Checking Savings

Checking Product Type 1: _____ Checking Product Type 2: _____

Savings Product Type 1: _____ Savings Product Type 2: _____

Primary Account Owner Information

Primary Account Owner Name _____

SSN _____ DOB _____ Email _____

Physical Address (include City, State, & Zip) _____

Mailing Address (include City, State, & Zip) _____

ID Type _____ Issuer _____ ID # _____ Issued _____ Expires _____

Cell Phone _____ Home Phone _____ Work Phone _____

Employer Name (current or last) _____

Occupation (current or last) _____

Reg E Decision _____

Emergency Contact (include name and phone number) _____

Joint Account Owner Information (complete for the Minor on FABT Jr. account)

Joint Account Owner Name _____

SSN _____ DOB _____ Email _____

Physical Address (include City, State, & Zip) _____

Mailing Address (include City, State, & Zip) _____

ID Type _____ Issuer _____ ID # _____ Issued _____ Expires _____

Cell Phone _____ Home Phone _____ Work Phone _____

Employer Name (current or last) _____

Occupation (current or last) _____

Pay on Death Beneficiary Designation:

Beneficiary 1 Name _____ Beneficiary 2 Name _____