

1 First Resource Bank

101 Marchwood Rd
 Exton, Pa 19341
 Phone (610) 363-9400
 Fax (610) 561-6038

Certificate of Deposit Account Application

OFFICE USE ONLY

Date: _____
 Acct No: _____
 Approved By: _____
 Declined By: _____
 Primary ID By: _____
 Call Back By: _____
 OFAC By: _____
 Chex Systems By: _____
 Coast to Coast By: _____

Account Requested

CD Term: (circle one) 3, 6, 9, 12, 18, 24, 30, 36, 48, 60 Months

CD Amount: \$ _____ Check Enclosed Wire to be Sent

Account Holder: Individual Joint

CD Interest Payment: Add back to CD Check ACH Deposit

Individual Applicant Information

Name (Last, First, Middle): _____

Email Address: _____ Date of Birth: / /

Home Phone #: _____ Work Phone #: _____ SSN: _____

Driver's License No.: _____ State: _____ Issued: / / Expires: / /

Current Street Address*: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____ Title: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Self Employed: Yes No

IMPORTANT: All information must be filled out in order to process the application. Address* must be a street address. No PO Box Numbers.

Co-Applicant Information / Custodian

Name (Last, First, Middle): _____

Email Address: _____ Date of Birth: / /

Home Phone #: _____ Work Phone #: _____ SSN: _____

Driver's License No.: _____ State: _____ Issued: / / Expires: / /

Current Street Address*: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____ Title: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Self Employed: Yes No

IMPORTANT: All information must be filled out in order to process the application. Address* must be a street address. No PO Box Numbers.

Please read the following Disclosure before submitting your application.

Please note all applications must be accompanied with a copy of your primary ID. These would include a valid driver's license, government ID card with photo, US passport, armed forces ID card, or an alien registration card.

By signing this document, I/We certify that I/We are at least 18 years of age and a US Citizen.

I/We understand that it may be a federal crime punishable by fine or imprisonment, or both to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.

Applicant: x _____ Co-Applicant: x _____ Date: _____