



PERSONAL ACCOUNT SET-UP FORM

Date:	Type of Account:
Information Completed By:	Account# Assigned:
Special Instructions:	

CUSTOMER INFORMATION

Customer Name:		Social Security Number:
Address:		
City:	State:	Zip Code:
Primary Phone Number:		Alternative Phone Number:
Date of Birth:	Driver's License#/ Other ID:	Are You a Current Customer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer Name and Address:		Mother's Maiden Name:

Name:	Address:	Social Security Number:
Primary Phone Number:	Date of Birth:	Mother's Maiden Name:
Employer Name and Address:		Driver's License#/ Other ID:

Customer Signature

Customer Signature

TO BE COMPLETED BY CSR.

Would client be interested in any of the following products?

CHECKING SAVINGS MONEY MARKET CD'S ATM RESIDENTIAL MORTGAGE

COMMERCIAL MORTGAGE OTHER:

Is there someone client would like to refer to Habib American Bank?

Name:

Address:

Phone Number:

Required Documents:

1. Copy of Driver's License
2. Copy of Passport in the event Driver License is not available

