



For Bank Use Only Account Number: _____

Waverly Office
609 Pacific Ave
Waverly MN 55390
763-658-4417

Mailing Address
PO Box 68
Waverly MN 55390

Montrose Office
145 Nelson Blvd
Montrose MN 55363
763-675-2265

bankwaverly.com • bankmontrose.com

CONSUMER DEPOSIT ACCOUNT APPLICATION

Owner Name _____
Street Address _____
Mailing Address _____
City, State, Zip _____
Date of Birth _____
Driver's License # _____
Expiration Date _____
Social Security # _____

Current Customer Yes No
If yes, please provide account number(s) if available _____
Home Phone # _____
Mobile Phone # _____
Email _____
Place of Work _____
Work Phone # _____

Relationship to Owner _____

2nd Name _____
Street Address _____
Mailing Address _____
City, State, Zip _____
Date of Birth _____
Driver's License # _____
Expiration Date _____

Current Customer Yes No
Ownership Joint POD POA Other
Social Security # _____
Home Phone # _____
Mobile Phone # _____
Email _____
Place of Work _____
Work Phone # _____

Relationship to Owner _____

3rd Name _____
Street Address _____
Mailing Address _____
City, State, Zip _____
Date of Birth _____
Driver's License # _____
Expiration Date _____

Current Customer Yes No
Ownership Joint POD POA Other
Social Security # _____
Home Phone # _____
Mobile Phone # _____
Email _____
Place of Work _____
Work Phone # _____

How would you like your statements provided? eStatements Mail Pick-up Waverly Pick-up Montrose
Online Banking Setup: Yes No **Debit Card:** Yes No **Checks:** Yes No

For all individuals with signatory powers over a Transaction Account, Minnesota Law required the following information. NOTICE: Under Minnesota Law, if you make a material statement that you do not believe to be true with respect to any information required to be provided in this application you are guilty of perjury.

1. Have you had a transaction account at the same or another financial institution in within the 12 months immediately preceding this application?
 Yes No If yes, the name of the financial institution _____
2. Have you had a transaction account closed by a financial intermediary without consent within 12 months immediately preceding this application?
 Yes No If yes, the reason why this account was closed _____
3. Have you been convicted of a criminal offense because of the use of a check or other similar item with the last 24 months immediately preceding this application?
 Yes No

I/we certify that everything stated in this application and on any attachments is correct.
By signing below and providing an email address, you authorize us to contact you via email with bank related communications.

Signature _____ **Date** _____ **Signature** _____ **Date** _____

Signature _____ **Date** _____

☆☆ FOR BANK USE ONLY BELOW THIS LINE ☆☆

Deluxe Detect Completed: Yes No Alerts Verified (copies attached): Yes No

Owner's Signatures Scanned: Yes No Copy of Owner's Unexpired DL or Pictures Taken/Scanned Yes No

Accounts/Services Opened:

Accounts/Services Recommended:

Added to Existing:

Opened by _____ Branch _____ Verified By _____ Date _____