

DEPOSIT ACCOUNT APPLICATION

TYPE OF ACCOUNT REQUESTED

Please print or type

- | | | |
|---|--|--|
| <input type="checkbox"/> Classic Checking | <input type="checkbox"/> Regular Savings | <input type="checkbox"/> Kid's Club Savings |
| <input type="checkbox"/> Checking Plus | <input type="checkbox"/> Money Market | <input type="checkbox"/> Christmas Club Savings |
| <input type="checkbox"/> Elite Checking | <input type="checkbox"/> Platinum Money Market | <input type="checkbox"/> Certificate of Deposit (CD) |
| <input type="checkbox"/> Campus Checking | <input type="checkbox"/> Elite Money Market | CD Term: _____ |

ACCOUNT OWNERSHIP

- Individual Account Joint Account

INDIVIDUAL APPLICANT INFORMATION

Name	Date of Birth	Social Security No.
Address (Street, City, State, Zip)		
Home Phone	Cell Phone	Business Phone
Drivers License No.	State Issued	Expiration Date
Email Address		

JOINT APPLICANT INFORMATION

Name	Date of Birth	Social Security No.
Address (Street, City, State, Zip)		
Home Phone	Cell Phone	Business Phone
Drivers License No.	State Issued	Expiration Date
Email Address		

FUND ACCOUNT (Please do not send cash in the mail)

- Enclosed is a check Amount enclosed: \$ _____
- Enclosed is a money order
- Account will be funded with a direct deposit once opened

AUTHORIZATION

All information I (we) have given on this form is true and correct. I (we) request that the paperwork necessary to open the account(s) indicated above be prepared and sent to me (us). By signing below, I (we) authorize you to check my (our) credit, including pulling a credit report. I (we) understand that the bank approval standards apply.

SIGNATURE(S)

Signature of Applicant	Date	Signature of Joint Applicant	Date
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Please print this form and mail, along with your opening deposit, to Heartland Bank, PO Box 730, Manson, Iowa 50563