

NEW CUSTOMER INFORMATION

Individual Account

Primary Account Holder Information

Name _____

Street Address _____

City/State/Zip Code _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

Email Address _____

Date of Birth _____

Social Sec. Number _____

Driver's License Number _____

Issue Date / Expiration Date _____

Secondary ID (Credit Card, Insurance card, etc.)

Employer / Occupation _____

Signature _____

Joint Account

Joint Account Holder Information

Name _____

Street Address _____

City/State/Zip Code _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

Email Address _____

Date of Birth _____

Social Sec. Number _____

Driver's License Number _____

Issue Date / Expiration Date _____

Secondary ID (Credit Card, Insurance card, etc.)

Employer / Occupation _____

Signature _____

Please Note: The USA Patriot Act requires Eclipse Bank to verify all personal information before activating your new account. We will prepare a formal signature card and account disclosures for a permanent record.



3827 Shelbyville Road
Louisville KY 40207
(502) 671-4800
fax (502) 671-4899
www.eclipsebank.com
Member FDIC