

PERSONAL ACCOUNT OPENING APPLICATION

Individual

Name _____
Street address _____
City, State, Zip _____
Home Phone _____
Work Phone _____
SSN _____
Drivers License Number _____ Exp. Date _____
Passport No: _____
Date of Birth _____
Employer _____
Occupation _____
Signature _____

Joint

Name _____
Street address _____
City, State, Zip _____
Home Phone _____
Work Phone _____
SSN _____
Drivers License _____ Exp. Date _____
Passport No: _____
Date of Birth _____
Employer _____
Occupation _____
Signature _____

I authorize Vakifbank New York Branch to make auto transfers between my/our multiple accounts, in order to process of any payment are deemed necessary, such as; loans and checks from my/our account

Beneficiary (Complete only if there is a beneficiary)

Name (First/MI/Last) : _____
Address: _____
Relationship: _____
Date of Birth (Month/Day/Year): _____
Social Security Number: _____

USE ONLY (OBTAIN THE FOLLOWING, APPLICABLE DOCUMENTS FOR OPENING AN ACCOUNT)

ID (type) _____ **Signature card** **Referral letter (if applicable)**

Facsimile Instruction Agreement **Address verification (bill copy)**

Account Number _____ **Date** _____

1) Accepting officer _____ **2) Comp. Officer** _____

Approval _____

DEPOSITS ARE NOT FDIC INSURED