



FOUNDATION BANK

MAIN OFFICE

25 GARFIELD PLACE
CINCINNATI, OHIO 45202
513-721-0120/FAX 721-0140

NORTHERN CINCINNATI BRANCH

9960 SPRINGFIELD PIKE
CINCINNATI, OHIO 45215
513-771-1001/FAX 771-9531

NORWOOD BRANCH

4730 MONTGOMERY ROAD
CINCINNATI, OHIO 45212
513-531-8655/FAX 458-4669

HYDE PARK BRANCH

3521 ERIE AVENUE
CINCINNATI, OHIO 45208
513-871-6777/FAX 513-979-2132

PRIMARY ACCOUNT OWNER

NAME _____

STREET ADDRESS

APT/SUITE # _____

CITY, STATE ZIP

E-MAIL _____

PHONE NUMBERS

HOME (____) _____ CELL (____) _____

WORK (____) _____ EXT _____

FAX (____) _____ OTHER _____

IDENTIFICATION

SSN/TIN _____

DOB(MM/DD/YYYY), PLACE

DRIVERS LICENSE (# AND STATE)

EMPLOYMENT

EMPLOYER _____

ADDRESS _____

CITY, STATE ZIP

OCCUPATION _____

EMPLOYED FROM/TO _____

CURRENT/PREVIOUS BANK

BANK NAME _____

ADDRESS _____

SECONDARY ACCOUNT OWNER

NAME _____

STREET ADDRESS

APT/SUITE # _____

CITY, STATE ZIP

E-MAIL _____

PHONE NUMBERS

HOME (____) _____ CELL(____) _____

WORK(____) _____ EXT _____

FAX(____) _____ OTHER _____

IDENTIFICATION

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CURRENT/PREVIOUS BANK

BANK NAME _____

ADDRESS _____

CITY, STATE ZIP

__CHECK__SAVINGS__CD__LOAN__SDB

____CURRENT

____PREVIOUS

CITY, STATE ZIP

__CHECK__SAVINGS__CD__LOAN__SDB

____CURRENT

____PREVIOUS

PRIMARY ACCOUNT OWNER

NAME_____

STREET ADDRESS

APT/SUITE #_____

CITY, STATE ZIP

E-MAIL_____

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ADDRESS_____

CITY, STATE ZIP

OCCUPATION_____

EMPLOYED FROM/TO _____

EMPLOYED FROM/TO _____

CURRENT/PREVIOUS BANK

CURRENT/PREVIOUS BANK

BANK NAME _____

BANK NAME _____

ADDRESS _____

ADDRESS _____

CITY, STATE ZIP

CITY, STATE ZIP

__CHECKING__SAVINGS__CD__LOAN__SDB
__CURRENT__PREVIOUS

__CHECKING__SAVINGS__CD__LOAN__SDB
__CURRENT__PREVIOUS

PRODUCT TYPE

ACCOUNT TYPE

__SAVINGS

__INDIVIDUAL__JOINT

__MMDA__NOW CHECKING

__ESTATE__TRUST

__91 DAY CD__182 DAY CD

__POD__CUSTODIAL

__1 YEAR CD__2 YEAR CD

__FIDICIARY

__3 YEAR CD__4 YEAR CD

__OTHER_____

__5 YEAR CD

__OTHER_____

ALTERNATE/SEASONAL MAILING ADDRESS

PRODUCT FEATURES AND SERVICES

NAME _____

CERTIFICATE INTERES DISPOSITION

ADDRESS _____

__TRANSFER__REINVEST__CHECK

PHONE (__) _____

CHECKING AND SAVINGS CUSTOMERS

__ATM CARD__DEBIT MASTERCARD

ADDITIONAL INFORMATION _____

OVERDRAFT PROTECTION: YES__NO__
(IF YES PLEASE LIST SAVINGS ACCOUNT TO BE
ATTACHED) _____

DIRECT DEPOSIT: __YES__NO

SIGNATURES

PRIMARY OWNER

X _____

DATE _____

SECONDARY OWNER(S)

X _____

DATE _____

X _____

DATE _____

X _____

DATE _____

***BY SIGNING THIS APPLICATION, YOU CERTIFY THAT THE INFORMATION PROVIDED IS CURRENT, TRUE AND ACCURATE. ACCOUNTS WILL NOT BE OPENED UNTIL VALID IDENTIFICATION HAS BEEN PRESENTED AND APPROVED BY FOUNDATION BANK.**