



Checking Account Application

**Print this form, complete and bring to the
United Banking Center nearest you along with proper ID**



Account Information

Individual Account

Joint Account

Name

Name

Street Address

Street Address (if different)

City, State, Zip

City, State, Zip (if different)

Mailing Address (if different)

Mailing Address (if different)

Home Phone

Work Phone

Home Phone

Work Phone

Primary Account Holder Information

Joint Account Holder Information

Social Security Number

Social Security Number

Driver's License Number

Driver's License Number

Date of Birth

Date of Birth

Place of Birth

Place of Birth

Mother's Maiden Name

Mother's Maiden Name

Employer

Employer

Signature

Signature



Closed Account Form

Complete this form to close your current bank account. Mail the form directly to your current bank.

Dear Sir or Madam:

I hereby request that the following account(s) with you be closed:

Name(s) On Account

Account Number

Type: _____ Checking _____ Savings

Other: _____

Account Number

Type: _____ Checking _____ Savings

Other: _____

Account Number

Type: _____ Checking _____ Savings

Other: _____

Please prepare a cashier's check for the balance of my account payable and mailed to:

Name _____

Address _____

City/St/Zip _____

If you have any questions, please contact me at:

(_____) _____ - _____

Thank you for your attention to this matter.

Customer Signature

Joint Account Holder Signature

Date

Date



Use This Convenient Checklist To Redirect All
Direct Deposits And Automatic Payments To United Fidelity Bank.

DIRECT DEPOSITS

- Payroll Direct Deposit
- Government (i.e. Social Security) Deposits
- Brokerage Deposits
- Transfers From Other Bank Accounts
- Court Issued Deposits
- Other Deposits

UTILITY PAYMENTS

- Utility Bill (Gas and Electric)
- Water
- Telephone Service
- Cellular Phone Service
- Internet Service
- Cable or Satellite TV
- Other

OTHER PAYMENTS

- Insurance
- Loans
- Mortgages
- Auto Loans
- Other Loans
- Account Transfers To Other Bank Accounts
- Court Issued Payments



Authorization for Direct Deposit

Please deposit my check(s) directly into United Fidelity Bank as indicated below:

Type of Check:

- Social Security V.A. Comp. or Pension Supplemental Security Income
- Employer Payroll Railroad Retirement Civil Service Retirement
- Other (please list) _____

Employer Name

Previous Bank Name

Previous Bank Account #

Thank you for your prompt attention to this matter.

Customer Signature

Date

Attach a United Fidelity Bank Voided Check Here.

Please Submit One Form For Each Request.



Authorization for Automatic Payment

Please change my existing authorization. Transfer the following automatic payment from my previous bank to United Fidelity Bank.

1) Payee (Name of Company)	Account#	Amount
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Address

City, State Zip Code

Previous Bank Name	Previous Bank Account #
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Customer Signature	Date
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Attach a United Fidelity Bank Voided Check Here.

Please Submit One Form For Each Request.