

OPEN A CHECKING ACCOUNT

Phone 844-72-SERVE | www.afbank.com/openrecruit | 320 Kansas Ave. Ft. Leavenworth KS 66027 | Fax 816-412-0055



Important Information About Procedures for Opening a New Account: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

PLEASE ATTACH A COPY OF A GOVERNMENT ISSUED PHOTO ID

ACCOUNT OPTIONS

Account Type: Checking Account Debit Card Select if desired: Savings Account

Ownership: Single/Individual Owner Joint Owners With Right of Survivorship

MILITARY INFORMATION

Basic Active Duty Service Date or Date Expected to Ship:

Branch of Service: Army Army Reserve Air Force

Navy Marines National Guard

Recruiter's Name: Recruiter's Phone:

SINGLE ACCOUNT HOLDER INFORMATION

Printed Name:

Email: **Current email required**

IMPORTANT: Email used for primary communication

Phone No:

Are you a U.S. citizen under U.S. state or federal law?

Place of Birth: City/State Date of Birth: MM/DD/YYYY

Yes: No:

SSN: Mother's Maiden Name:

Street Address:

City: State: Zip Code:

mailing address if different

Street Address:

City: State: Zip Code:

JOINT ACCOUNT HOLDER INFORMATION (if applicable)

Are you a U.S. citizen under U.S. state or federal law?

Printed Name:

Yes: No:

Place of Birth: City/State Date of Birth: MM/DD/YYYY

Date of Birth:

SSN: Mother's Maiden Name:

Email Address: Phone Number:

3 SIMPLE STEPS

- 1 Fill out this form and attach a photo ID.
- 2 Scan it to us!
recruit@afbank.com or
Fax it in! 816-412-0055
- 3 We'll call you with an account number in minutes.

QUESTIONS?

Contact us

844 72 SERVE
844-727-3783

recruit@afbank.com

M-F 0800-1730 Central Time

For Bank Personnel Only:

Port:

DDA:

SAV:

PROD:

BR:

The applicant(s) signing is requesting the opening of an Armed Forces Bank Checking Account. Subject to account holder agreement, Armed Forces Bank VISA Debit Card will be issued to each account holder. By using the Account, the applicant(s) agrees to abide by the Agreements contained within the Deposit Account Agreement and Disclosures, which shall be provided upon acceptance of this application and before the first deposit is made. If this is a Joint Account, each Account Holder agrees that they open this Account as joint tenants with rights-of-survivorship.

TIN/Backup Withholding: Under penalties of perjury, I certify that the Social Security Number shown is my correct taxpayer identification number and that I am not subject to backup withholding, because I am exempt from backup withholding and I am a U.S. citizen or other U.S. person, or because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURES

Single Account Holder: _____ Date: _____

Joint Account Holder: _____ Date: _____

MEMBER FDIC

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