

# NEW ACCOUNT APPLICATION

THE UNION BANK OF MARKSVILLE, LOUISIANA  
305 NORTH MAIN STREET  
PO. BOX 39  
MARKSVILLE, LA 71351  
PHONE: (318)253-4531 OR (877-216-0490)  
FAX: (318)253-5910 ATTN: CSR



First Name	Middle	Last	Date of Birth	
Home Address (street)	City	State	Zip Code	
Mailing Address (if different)	City	State	Zip Code	
Email Address:	Years at Present Address	S.S. # or TIN #		
Telephone Number	Best Day and Time to call	DL #		
Previous Home Address		DL Issued Date	DL Expiration Date	
Employer and Position		Year(s) at that address		
Address (street)	City	State	Telephone #	
Name and Address of Nearest Relative not living with you that we may contact to locate you				

C-Applicant First Name	Middle	Last	Date of Birth	
Mailing Address	City	State	Zip Code	
Email Address:	Years at Present Address	S.S. # or TIN #		
Telephone Number	Best Day and Time to call	DL #	DL Issued Date	DL Expiration Date
Employer and Position		Year(s) at that profession		
Address (street)	City	State	Telephone #	

Please Select the Accounts you would like to open:

- |                      |                        |                           |
|----------------------|------------------------|---------------------------|
| Checking Accounts    | Savings Accounts       | Interest Bearing Accounts |
| Regular Checking     | Passbook Savings       | Now Account               |
| Business Checking    | Christmas Club         | Money Market Account      |
| Free & Easy Checking | Herman's Club          |                           |
|                      | Certificate of Deposit |                           |
|                      | IRA                    |                           |

Customer Information Policy and Privacy Policy  
To help the government fight the funding of terrorism & money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person that opens the account. What this means for you: When you open an account we will ask for your name, address, DOB, and other information that will allow us to identify you, such as your driver's license or other identifying documents.

Applicant's Signature \_\_\_\_\_

By completing the above, I am providing information for the purpose of obtaining an account and I authorize The Union Bank to obtain information concerning any of the statements I have made. I also authorize The Union Bank to make inquiries they deem necessary to determine my credit worthiness including but not limited to obtaining credit reports from credit reporting agencies and other credit information from other sources.  
I understand that this application is subject to The Union Bank approval. Bring into any location, Fax completed copy to fax number above or mail to the address.

Applicant's Signature \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_