

Customer Profile

Individual Account

Joint Account

Account Number/Routing Number

Account Number/Routing Number

First Name MI Last Name

First Name MI Last Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Mailing Address (if different)

Mailing Address (if different)

E-mail Address

E-mail Address

Home Phone

Home Phone

Work Phone

Work Phone

Primary Account Holder Information

Joint Account Holder Information

Social Security Number

Social Security Number

Driver's License Number State

Driver's License Number State

Issue Date Expiration Date

Issue Date Expiration Date

Date of Birth

Date of Birth

Mother's Maiden Name

Mother's Maiden Name

Employer

Employer



Customer Profile

Direct Deposit

Please deposit my check directly into my Capital Bank account.

- Payroll: _____
- Social Security: _____
- Retirement Income: _____
- V.A. Comp/Pension: _____
- Civil Service/Military: _____

Automatic Payments

Please change my existing authorization(s) to Capital Bank (as indicated below).

<i>Type of Payment</i>	<i>Account #</i>	<i>Routing #</i>	<i>Company to Pay</i>	<i>Amount</i>	<i>Date</i>
Mortgage					
Automobile					
Credit Card					
Utilities					
Phone					
Cable					
Car Insurance					
Life Insurance					
Health Insurance					
Other					

Other services

- Online Banking
- Safe Deposit Box
- Credit Card
- Bill Pay
- Mortgage Services
- Investment Services
- Business Services
- Debit Card

Comments: _____

Customer Signature: _____ **Date:** _____

