



# NEW ACCOUNT INFORMATION

(1) PRIMARY DEPOSITOR INFORMATION (2) JOINT DEPOSITOR INFORMATION

NAME JOINT DEPOSITOR NAME

ACCOUNT MAILING ADDRESS CITY STATE ZIP CODE

SOCIAL SECURITY/TAX ID NUMBER SOCIAL SECURITY/TAX ID NUMBER

DATE OF BIRTH HOME TELEPHONE # DATE OF BIRTH HOME TELEPHONE #

EMPLOYER WORK TELEPHONE # EMPLOYER WORK TELEPHONE #

EMPLOYER'S ADDRESS EMPLOYER'S ADDRESS

NEAREST LIVING RELATIVE (OTHER THAN SPOUSE) / RELATIONSHIP ADDRESS

CITY STATE ZIP TELEPHONE NUMBER

ARE YOU AN AGENT OR TRUSTEE?  YES  NO

ESTIMATED TRANSACTION VOLUME: \_\_\_\_\_  DAILY  WEEKLY  MONTHLY

MAJOR ACTIVITIES OR NATURE OF TRANSACTIONS: \_\_\_\_\_

ANTICIPATED CASH ACTIVITY \_\_\_\_\_

BY SIGNING BELOW, I ACKNOWLEDGE RECEIPT OF MY COPY OF THE VIDALIA FEDERAL ACCOUNT AGREEMENT AND I AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS. I ACKNOWLEDGE RECEIPT OF THE CURRENT STATEMENT OF THE RULES AND SERVICE CHARGES GOVERNING VIDALIA FEDERAL ACCOUNTS AND THAT MY ACCOUNT WILL BE SUBJECT TO THESE RULES AND CHARGES AS THEY MAY APPLY. I ALSO HEREBY ACKNOWLEDGE THAT ALL JOINT ACCOUNTS ARE SUBJECT TO RIGHT OF SURVIVORSHIP.

DATE: \_\_\_\_\_ SIGNED(1) \_\_\_\_\_ SIGNED(2) \_\_\_\_\_

FOR ASSOCIATION USE ONLY				
ACCOUNT NO	TYPE OF ACCOUNT: <input type="checkbox"/> NOW <input type="checkbox"/> PERSONAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> NON-PROFIT			
OPENING DEPOSIT	<input type="checkbox"/> SAVINGS			
	<input type="checkbox"/> CERTIFICATE OF DEPOSIT			
TYPE OR SOURCE OF FUNDS	OPENED BY	DATE	BRANCH	INTRODUCED BY
ACCOUNT TRANSFERRED FROM		OTHER ACCOUNTS		
COMMENTS AND INSTRUCTIONS				