



PERSONAL BANKING APPLICATION

Important Applicant Information: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

CHECKING ACCOUNTS	SAVINGS ACCOUNTS	OTHER SERVICES
<input type="checkbox"/> COOPERATOR ACCOUNT	<input type="checkbox"/> CERTIFICATE OF DEPOSIT TERM: _____	<input type="checkbox"/> COOPERATOR PLUS PACKAGE
<input type="checkbox"/> EZ CHECKING	<input type="checkbox"/> CHRISTMAS CLUB	<input type="checkbox"/> DEBIT / ATM CARD
<input type="checkbox"/> EZ DAYS CHECKING	<input type="checkbox"/> MONEY MARKET DEPOSIT ACCOUNT	<input type="checkbox"/> ATM CARD
<input type="checkbox"/> SIMPLY FREE CHECKING	<input type="checkbox"/> MONEY MARKET DEPOSIT ACCOUNT PLUS	<input type="checkbox"/> ONLINE BANKING
<input type="checkbox"/> NCB ADVANTAGE	<input type="checkbox"/> STATEMENT SAVINGS	<input type="checkbox"/> OVERDRAFT PROTECTION
<input type="checkbox"/> ORDER NCB BASIC CHECKS FOR ACCOUNT <i>(Large selection of custom designed checks also available)</i> <input type="checkbox"/> PRINT PHONE NUMBER ON CHECKS INITIAL DEPOSIT AMOUNT: _____		

*Please complete a separate form for each new account

APPLICANT ACCOUNT INFORMATION (FOR ALL ACCOUNTS)

Application omissions may be grounds for denial.

ACCOUNT NAME		ACCOUNT NUMBER (BANK USE ONLY)	
NAME (Last, First, Middle)		SOCIAL SECURITY NO.	
DATE OF BIRTH / /	HOME PHONE ()		
ADDRESS		LENGTH OF RESIDENCE	
CITY	STATE	ZIP	
PREVIOUS ADDRESS (If less than two years at current address)			
EMPLOYER	LENGTH OF EMPLOYMENT	OCCUPATION	BUSINESS PHONE () Ext.
PREVIOUS EMPLOYER (If less than three years)		LENGTH OF EMPLOYMENT	OCCUPATION

CO-APPLICANT INFORMATION

NAME (Last, First, Middle)		SOCIAL SECURITY NO.	HOME PHONE ()
CURRENT ADDRESS		LENGTH OF RESIDENCE	
EMPLOYER	LENGTH OF EMPLOYMENT	OCCUPATION	
RELATIONSHIP TO APPLICANT	DATE OF BIRTH / /	BUSINESS PHONE ()	Ext.

I WOULD LIKE TO ACCESS THE FOLLOWING ACCOUNTS BY

<input type="checkbox"/> DEBIT / ATM CARD	<input type="checkbox"/> ATM CARD	<input type="checkbox"/> ONLINE BANKING (WWW.NCB.COOP)
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

IMPORTANT: YOU MUST HAVE A NCB CHECKING ACCOUNT TO RECEIVE A DEBIT CARD. ONLY YOUR PRIMARY CHECKING ACCOUNT CAN BE ACCESSED FOR PURCHASE AT RETAIL LOCATIONS. SAVINGS ACCOUNTS CAN ONLY BE ACCESSED BY ATM'S. ALL NCB ACCOUNTS ARE ACCESSIBLE BY ONLINE BANKING. ALL NCB ACCOUNTS CAN ALSO BE ACCESSED 24-HOURS A DAY, 7 DAYS A WEEK AT(937) 840-0846 OR (877) 840-0846

COMPLETE SECTION BELOW FOR OVERDRAFT PROTECTION ONLY

ADDITIONAL FINANCIAL INFORMATION

Provide information about your co-applicant if this is a joint application.

APPLICANT / ANNUAL EMPLOYMENT INCOME \$ _____	SPOUSE / CO-APPLICANT EMPLOYMENT INCOME \$ _____	TYPE OF OTHER INCOME AND SOURCE**
ANNUAL AMOUNT OF OTHER INCOME \$ _____	<input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	MONTHLY MORTGAGE / RENTAL AMOUNT \$ _____
PLEASE CHECK YOUR FINANCIAL RELATIONSHIPS \$ _____	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET / INVESTMENT	
TOTAL MONTHLY PAYMENT (EXCLUDING MORTGAGE / RENT) TO BANKS, CREDIT UNIONS, FINANCE COMPANIES, DEPARTMENT STORES, AND ANY OTHER GENERAL USE CREDIT CARD ISSUERS. \$ _____		

**YOU NEED NOT LIST INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE UNLESS YOU WANT IT CONSIDERED FOR PURPOSE OF REPAYING OBLIGATION.

SIGNATURES – I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

The Ohio Laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

APPLICANT'S SIGNATURE _____

DATE _____

OTHER SIGNATURE (WHERE APPLICABLE) _____

DATE _____

