Community
BANK OF THE BAY

New Account Request

❑ Individual Account ❑ Joint Account Are you a California resident? ❑ Yes ❑ No

TYPE OF ACCOUNT: ❑ Checking ❑ Savings ❑ Certificate of Deposit ❑ IRA ❑ Money Market

ACCOUNTHOLDER INFORMATION:

SSN # _____

DL # _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

NAME _____

ADDRESS _____

CITY/ST/ZIP _____

HOME PHONE _____

BUSINESS PHONE _____

EMPLOYER _____

ADDRESS _____

CITY/ST/ZIP _____

FOR JOINT ACCOUNTS:

SSN # _____

DL # _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

NAME _____

ADDRESS _____

CITY/ST/ZIP _____

HOME PHONE _____

BUSINESS PHONE _____

EMPLOYER _____

ADDRESS _____

CITY/ST/ZIP _____

The necessary documents are:

- California Drivers License, California ID or U.S. Passport
- Social Security Card or a most recent paycheck stub

Referred to Community Bank of the Bay by:

_____

BANK USE ONLY

CHECK SYSTEMS DATE _____

_____

_____

EMPLOYER VERIFICATION DATE _____

Individual _____

Joint _____

DATE RECEIVED _____ RECEIVED BY _____

Community Bank of the Bay • 1750 Broadway, Oakland, CA 94612 • Ph: 510.433.5400 • Fax 510.433.5431
Member FDIC