



Spencer County Bank New Account Application

Print, complete and mail to: New Accounts, P.O. Box 159, Santa Claus, IN 47579, or fax: (812) 937-2979

PRIMARY ACCOUNT HOLDER INFORMATION

First Name	Middle Name	Last Name	
Mailing Address	City, State, Zip	Marital Status	Sex M F
Social Security Number	Date of Birth	Home Telephone	
Driver's License Number / State	Place of Employment	Work Telephone	
Do You Want a Check Card? Yes No	Mother's Maiden Name	Previous Bank	

JOINT ACCOUNT HOLDER INFORMATION

First Name	Middle Name	Last Name	
Mailing Address	City, State, Zip	Marital Status	Sex M F
Social Security Number	Date of Birth	Home Telephone	
Driver's License Number / State	Place of Employment	Work Telephone	
Do You Want a Check Card? Yes No	Mother's Maiden Name	Previous Bank	

BANK EMPLOYEE WILL COMPLETE

Account Type	Account Number	Type of Checks	Starting Number	Quantity	Date Ordered
Lettering	Cut	Imprinting Instructions			

X _____
Primary Signature

Date

X _____
Primary Signature

Date

___ Send me an Easy Over Switch Kit

Best time to reach me by phone _____ a.m./p.m