



Personal Account Application

Thank you for choosing Quantum National Bank. Please select the account(s) you would like to open along with any of our other listed products and services you might be interested in.

Please complete the following information to open your new account:

<input type="checkbox"/> Hi-Rate Checking <input type="checkbox"/> Super Free Checking <input type="checkbox"/> Hi-Rate Money Market Account <input type="checkbox"/> Personal Savings Account <input type="checkbox"/> Minor Savings Account <input type="checkbox"/> Certificate of Deposit Term _____	<input type="checkbox"/> ATM Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Internet Banking <input type="checkbox"/> Bill Payment <input type="checkbox"/> Telephone Banking <input type="checkbox"/> Overdraft Sweep from Savings <input type="checkbox"/> Mortgage Loan <input type="checkbox"/> Home Equity Loan	<input type="checkbox"/> Auto Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Safe Deposit Box <input type="checkbox"/> Personal Line of Credit Let us know below how we can meet your needs further: <input type="checkbox"/> _____ <input type="checkbox"/> _____
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PRIMARY OWNER INFORMATION (please print) Existing Customer : YES

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address (if different): _____

Home Phone #: _____ Cell Phone #: _____ Work#: _____

Date of Birth: _____ Social Security # _____

Employer: _____ Job Function: _____

City/State: _____ Email: _____

Driver's License Number: _____ State: _____ Expiration date: _____

2nd ID _____ (Please include a copy of your drivers license if submitting application by mail or fax)

POD ACCOUNT INFORMATION (please print)

First Name: _____ Last name: _____

DOB: _____ SSN # _____ Relationship: _____

For your protection all new Quantum National Bank account applications are verified by Equifax Financial Services & Chex Systems.

Joint owner information on the back side

JOINT OWNER INFORMATION (please print)Existing Customer : YES

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address (if different): _____

Home Phone #: _____ Cell Phone #: _____ Work#: _____

Date of Birth: _____ Social Security # _____

Employer: _____ Job Function: _____

City/State: _____ Email: _____

Driver's License: _____ State: _____ Expiration date: _____

2nd ID _____ (Please include a copy of your drivers license if submitting application by mail or fax)**JOINT OWNER INFORMATION (please print)**Existing Customer : YES

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address (if different): _____

Home Phone #: _____ Cell Phone #: _____ **Work #:** _____

Date of Birth: _____ Social Security # _____

Employer: _____ Job Function: _____

City/State: _____ Email: _____

Driver's License#: _____ State: _____ Expiration Date: _____

2nd ID _____ (Please include a copy of your drivers license if submitting application by mail or fax)

For your protection all new Quantum National Bank account applications are verified by Equifax Financial Services & Chex Systems.

You may submit application by mail, fax, or in person
 at one of our following locations:
 Your initial deposit can be mailed by check, wired, or
 Visit us online at: www.quantumbank.com

**505 Peachtree Industrial Blvd.
 Suwanee, GA. 30024-3017
 770-945-8300 Main
 770-945-4888 Fax**

**2905 Bethany Bend
 Milton, GA. 30004
 678-889-4700 Main
 770-667-6475 Fax**

Member FDIC

Equal Housing Lender

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