



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.



FORM INSTRUCTIONS: Complete this application and save it to your desktop. Then, click [here](#) to return to Quantum's website and follow the instructions to send the completed application through a secure connection.

Please complete the following information to open your new account:

<input type="checkbox"/> Hi-Rate Checking	<input type="checkbox"/> ATM Card	<input type="checkbox"/> Auto Loan
<input type="checkbox"/> Economy Checking	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Personal Loan
<input type="checkbox"/> Hi-Rate Money Market Account	<input type="checkbox"/> Internet Banking	<input type="checkbox"/> Overdraft Protection
<input type="checkbox"/> Personal Savings Account	<input type="checkbox"/> Bill Payment	<input type="checkbox"/> Safe Deposit Box
<input type="checkbox"/> Minor Savings Account	<input type="checkbox"/> Telephone Banking	<input type="checkbox"/> Personal Line of Credit
<input type="checkbox"/> Certificate of Deposit Term _____	<input type="checkbox"/> Overdraft Sweep from Savings	Let us know below how we can meet your needs further:
<input type="checkbox"/> Senior Hi Rate	<input type="checkbox"/> Home Equity Loan	<input type="checkbox"/> _____
	<input type="checkbox"/> E-Statements	<input type="checkbox"/> _____

PRIMARY OWNER INFORMATION (please print)

Existing Customer : YES

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

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

Physical Address (if different): _____

City/State: _____ Email: _____

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

Date of Birth: _____ Social Security # _____

Employer: _____ Job Function: _____

Driver's License #: _____ ST:: _____ Expiration date: _____ Issue 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 : <input type="checkbox"/> YES
First Name: _____ Middle Initial: _____ Last Name: _____	
Mailing Address: _____ City: _____ State: _____ Zip: _____	
Physical Address (if different): _____	
City/State: _____ Email: _____	
Home Phone #: _____ Cell Phone #: _____ Work#: _____	
Date of Birth: _____ Social Security # _____	
Employer: _____ Job Function: _____	
Driver's License: _____ State: _____ Expiration date: _____	
2 nd ID _____ (Please include a copy of your drivers license if submitting application by mail or fax)	

JOINT OWNER INFORMATION (please print)	Existing Customer : <input type="checkbox"/> YES
First Name: _____ Middle Initial: _____ Last Name: _____	
Mailing Address: _____ City: _____ State: _____ Zip: _____	
Physical Address (if different): _____	
City/State: _____ Email: _____	
Home Phone #: _____ Cell Phone #: _____ Work #: _____	
Date of Birth: _____ Social Security # _____	
Employer: _____ Job Function: _____	
Driver's License#: _____ State: _____ Expiration Date: _____	
2 nd ID _____ (Please include a copy of your drivers license if submitting application by mail or fax)	

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**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 Ind. Blvd., Suwanee 30024
Main – 770.945.8300 Fax – 770.945.4888

2905 Bethany Bend, Milton 30004
Main – 678.889.4700 Fax – 770.667.6475

Member FDIC

Equal Housing Lender

3438 Peachtree Road, Ste. 150, Atlanta 30326
Main – 678.889.4540 Fax – 770.904.3477