The Union Bank of Marksville, Louisiana
305 North Main Street
PO. Box 39
Marksville, LA 71351
Phone: (318)253-4531 or (877-216-0490)
Bookkeeping Fax: (318)253-9163

New Account Application

First Name | Middle | Last | Date of Birth

Home Address (street) | City | State | Zip Code

Mailing Address (if different) | City | State | Zip Code

Email Address: | Years at Present Address | Soc. Sec. No. or TIN

Telephone Number | Best Day and Time to call | Dr. License Number

Previous Home Address | Years at that address

Firm Name or Employer and Position | Years at that profession

Address (street) | City | State | Telephone

Name and Address of Nearest Relative not living with you that we may contact to find you

Co-Applicant | Date of Birth | Dr. Lic. Number | Soc. Sec. No/TIN

Home Address (street) | City | State | Zip Code

First Employment | Position | How Long | Business Phone

Nearest Relative Not In Household | Relationship | Address

Please Select the Accounts you would like to open

Checking Accounts	Savings Accounts.	Interest Bearing Accounts
☐ Regular Checking	☐ Passbook Savings	☐ Now Account
☐ Business Checking	☐ Christmas Club	☐ Money Market Acct.
☐ Free & Easy Checking	☐ Certificate of Deposit	
	☐ IRA	

Customer Information Policy and Privacy Policy

To help the government fight the funding of terrorism & money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person opens the account. What this means for you: When you open an account we will ask for your name, address, DOB, and other information that will allow us to identify you, such as your driver's license or other identifying documents.

Applicants Signature

By completing the above, I am providing information for the purpose of obtaining an account and I authorize The Union Bank to obtain information concerning any of the statements I have made. I also authorize The Union Bank to make inquiries they feel are necessary to determine my credit worthiness including but not limited to obtaining credit reports from credit reporting agencies and other credit information from other sources.

I understand that this application is subject to The Union Bank approval. Fax completed copy to fax number above or mail to the address.

Applicant Signature _____

Co-Applicant Signature _____