



# Pre-Application Form

Please print and complete this form and bring in to any WSB location (listed below).  
If you have any questions about how to complete this form, please call: 630.652.2000

## About You

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_  
Day Telephone

( \_\_\_\_\_ ) \_\_\_\_\_  
Evening Telephone

Driver's License # \_\_\_\_\_

Issuing State \_\_\_\_\_

Issuing Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Work Phone

## About Co-Owner (if joint account)

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_  
Day Telephone

( \_\_\_\_\_ ) \_\_\_\_\_  
Evening Telephone

Driver's License # \_\_\_\_\_

Issuing State \_\_\_\_\_

Issuing Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Work Phone

## About Your New WSB Account

WSB Account Number (if you have it already opened or available) \_\_\_\_\_

Tell us what accounts and/or services you would like to apply for today:

### Type of Accounts Desired

- Free Checking       Savings Account
- Interest-Bearing Checking       Certificate of Deposit
- Money Market Account       Other \_\_\_\_\_

### Additional Information Requested

- Home Equity Line of Credit       WSB Visa Credit Card
- Home Equity Loan       Business Account Information
- Mortgage       Trust/Insurance Services

I would like to have access to my account(s) 24-hours-a-day through: (check all that apply):

- Online Banking     Telephone Banking     Bill Payment     Visa Check Card / ATM Card     Overdraft Protection (checking and savings account required)

### PLEASE READ THIS STATEMENT BEFORE SIGNING!

All the information I have given in this form is true and correct. Completing this form does not guarantee the opening of a WSB account. All accounts are subject to our regular account opening procedures and market area restrictions. I understand that my signature(s) will be required at a future date and that bank approval standards apply. I agree to provide one or more forms of identification (WSB will determine type of acceptable ID). If more than one person signs below, I understand that this statement applies to both parties.

Signature of Owner \_\_\_\_\_

Signature of Co-Owner (if applicable) \_\_\_\_\_