NEW Account Information



Thank you for choosing The Hicksville Bank.

Please select all products that you wish to open.

Checking					
Savings					
Certificate of Deposit					
Individual Retirement Acco	ount				
Safe Deposit Box (available	e at our Hicksville,	Auburn, and Edg	gerton locations)		
Primary Applicant					
First name:					
Middle name:					
Last name:					
Physical address:					
City:					
Home Phone:	Work:		Cell:		
SSN or TIN:	_ DOB:	E	mail address:		
Driver's license number:	Dri	Driver's license issue date:			
Driver's license expiration date:					
Employer's name:		Occupation:			
Signature:		Date: _			

To help the government fight the funding of terrorism and money laundering activities, the law requires all institutions to obtain, verify, and record information that identifies the person who opens an account. When you open an account we will ask to see your driver's license or other identifying documents.



