



SOUTH CENTRAL BANK

A BANK THAT'S ALL YOUR OWN

Deposit Account Application

Applicant's Name _____

Co-Applicant's Name _____

Street Address _____

City, State, Zip _____

Date of Birth _____

Phone Number _____

Fax Number _____

E-Mail Address _____

Social Security Number _____

Drivers License Number/State ID/Passport _____

Do you have any other accounts at South Central Bank Yes No

If yes, what kind of account (s) do you have? _____

By signing this document, I authorize South Central Bank, National Association to obtain information regarding my creditworthiness from any outside source that regularly provides such information. I understand that information from such a report may be used by South Central Bank National Association in making a decision regarding this application.

Applicant's Signature _____ Date

Co-Applicant's Signature _____ Date

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Main Office
525 W. Roosevelt Rd. <input type="checkbox"/>
(312) 491-7000 <input type="checkbox"/>
Fax: (312) 666-4523 <input type="checkbox"/> | <input type="checkbox"/> Bridgeport
3032 S. Halsted St. <input type="checkbox"/>
(312) 949-0300 <input type="checkbox"/>
Fax (312) 949-0608 <input type="checkbox"/> | <input type="checkbox"/> Chinatown: <input type="checkbox"/>
2335 S. Wentworth Ave. <input type="checkbox"/>
(312) 567-9191 <input type="checkbox"/>
Fax (312) 567-9448 <input type="checkbox"/> | <input type="checkbox"/> West Loop <input type="checkbox"/>
160 N. Morgan <input type="checkbox"/>
(312) 491-7200 <input type="checkbox"/>
Fax (312) 421-9706 <input type="checkbox"/> | <input type="checkbox"/> Pilsen
1400 W. 18th Street
(312) 491-7250 <input type="checkbox"/>
Fax (312) 666-0042 <input type="checkbox"/> |
|---|--|--|--|---|