

Watertown

— Savings Bank —

Full Name (First, Middle Initial, Last):	
Address:	
City:	
State:	
Zip Code:	
Alternate Address (if applicable):	
Primary Telephone Number:	
Secondary Telephone Number (if applicable):	
Birth Date:	
Mother's Maiden Name:	
Employer:	
Occupation:	
Email Address:	
Social Security Number:	
U.S Citizenship:	

Primary Identification:

☐ License/State ID	☐ US Passport or Passport Card	☐ Permanent Resident Card
ID #:	State:	Issue Date:
Expiration Date:		

Secondary Identification: (Choose One)

Credit Card (Do not include #'s): ☐ Visa ☐ MC ☐ Discover ☐ AMEX	☐ Birth Certificate ☐ Medicare/Medicaid ☐ Fire Arms	☐ Health Insurance ☐ AAA Card ☐ Military
Issue Date/Expiration Date (if applicable):	Issue:	Expiration:

Account Information:

Checks:	☐ Yes ☐ No		
Debit Card:	☐ Yes ☐ No		
Online Banking:	☐ Yes ☐ No		
Opening Amount:	\$		
Fund Type:	☐ Cash	☐ Internal Transfer	☐ Check & Bank Name:

***Please attach an image of your Massachusetts Driver's License & Return form to the branch or securely email form to the employee assisting you.**