Community 1st Bank
Las Vegas

OUR SERVICES

Freedom 1st Checking
- ☐Minimum balance to open: $5.00
- ☐POS debit fee $0.10 > 30 item in one month *
- ☐Monthly service charge: $1.00*
- ☐Free bill pay
- ☐Free online banking
- ☐Unlimited check writing

NOW Checking Account
- ☐Minimum balance to open: $1000.00
- ☐No service charge with $1000.00 average daily balance *
- ☐No check charge or maximum*

Money Market Deposit Account
- ☐Minimum balance to open: $2500.00
- ☐No service charge with $2500.00 average daily balance*
- ☐3 checks maximum per month*

Savings Account
- ☐Minimum balance to open: $100.00
- ☐No service charge with $100.01 average daily balance*
- ☐$1.00 charge on every debit transaction over 3 per month*

Commercial Account
- ☐Minimum balance to open: $300.00
- ☐No service charge with $1000.00 average daily balance*
- ☐First 20 checks free each month, thereafter 10¢ each*

*** A Fee may overdrawn an account and result in additional fees**

*** Taxes will be charged on all service charge fee**

*** All service charges and interest is based on an average daily balance during a statement cycle.**

Safe Deposit Box Yearly Rates (All Branches)

3 x 5	- $15.00		6 x 10	- $35.00
5 x 5	- $20.00		9 x 10	- $40.00
3 x 10	- $25.00		10 x 10	- $45.00
5 x 10	- $30.00			

Loans
- ☐$500.00 to $3,000,000.00
- ☐Consumer ☐Real Estate ☐Commercial
- ☐Agricultural ☐Construction ☐Line of credit

Personal Account Application

Officer: _____

Code Word: _____

Primary Account Holder (Please Print)

Name: _____
First Middle Last

Social Security Number: _____- _____- _____ Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

DL #: _____ State: _____ Expiration Date: _____

Employer: _____ Employer's Address: _____

Occupation: _____ Spouse: _____

POD _____

Contact Person: _____ Phone: _____

Secondary Account Holder (Please Print)

Name: _____
First Middle Last

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

DL #: _____ State: _____ Expiration Date: _____

Employer: _____ Employer's Address: _____

Occupation: _____ Spouse: _____