



Account Number

CIF #

Bank use only

DEPOSIT ACCOUNT APPLICATION
(NON-COMMERCIAL)

New account	<input type="checkbox"/>	New Customer	<input type="checkbox"/>	Date	
Change of account	<input type="checkbox"/>	Existing Customer	<input type="checkbox"/>	Opened by	
Services					
Regular Checking	<input type="checkbox"/>	Basic Checking	<input type="checkbox"/>	NOW Checking	<input type="checkbox"/>
Money Market	<input type="checkbox"/>	Statement Savings	<input type="checkbox"/>	ETA Checking	<input type="checkbox"/>
Certificate of Deposit	<input type="checkbox"/>	IRA CD	<input type="checkbox"/>	IBC Account	<input type="checkbox"/>
ATM Card	<input type="checkbox"/>	Debit Card	<input type="checkbox"/>	Safe Deposit Box	<input type="checkbox"/>
Internet Banking	<input type="checkbox"/>	Bill Payment	<input type="checkbox"/>		
Name – Primary (1)				Tax ID or W8#	
				Date of Birth	
Address					
City		State	Zip	Telephone	
Name – (2)				Tax ID or W8#	
				Date of Birth	
Address					
City		State	Zip	Telephone	
Name –(3)				Tax ID or W8#	
				Date of Birth	
Address					
City		State	Zip	Telephone	

MAIL STATEMENT IF DIFFERENT THAN ABOVE

Address				
City		State	Zip	Telephone

BACKGROUND INFORMATION

Current Bank References including City and State
Former Bank references including City and State

Banking reference for all new accounts in excess of \$250,000

Bank Name: _____

Address: _____

Phone number: _____

Expect Monthly Balance \$ _____

Source of Funds Salary/Work-Related Compensation Savings Gift**Does this account anticipate frequent (over three per week) cash transaction?** Yes No

Reason: _____

Monthly Volume: \$1-\$50M \$50M-\$100M Over \$100M**REASON FOR OPENING ACCOUNT RELATIONSHIP**

<input type="radio"/> Referral	Name of person making referral	
<input type="radio"/> Existing Relationship	<input type="radio"/> Current Relationship	Current Account number(s)
<input type="radio"/> Convenience	<input type="radio"/> Live near bank <input type="radio"/> Work near bank	
<input type="radio"/> Previous relationship	Date of previous relationship	
<input type="radio"/> Other	Explanation	

Reason For Opening Account (Check all that applies)

- Check Deposit/Withdrawals Purchase Monetary Instrument Savings Safe deposit Box
 Wire Transfer Incoming Monthly volume \$1-50M \$50M-\$100M Over \$100M
 Outgoing Monthly volume \$1-50M \$50M-\$100M Over \$100M
 Certificate of Deposit

PRIMARY FORM OF IDENTIFICATION			SECONDARY FORM OF IDENTIFICATION		
<input type="radio"/> Driver License with Picture, State and Number			<input type="radio"/> Employee ID with Picture and Number		
State	Number	Expiration date	Employer	Number	
<input type="radio"/> Passport with Picture, Country and Number			<input type="radio"/> Credit Card Type and Number		
Country	Number	Expiration date	Type	Last 4#	Expiration date
<input type="radio"/> Alien Card with Picture, Country and Number			<input type="radio"/> Student ID with picture and Number		
Country	Number	Expiration date	School	Number	
<input type="radio"/> Government / State ID with Picture and Number			<input type="radio"/> Social Security Card		
State	Number	Expiration date	Number		
<input type="radio"/> Other	Explain		<input type="radio"/> Other	Explain	

Employer Name: _____ Occupation / Title _____

Address: _____

Work Phone: _____ Home Phone: _____

Applicant Signature

OPENING DEPOSIT INFORMATION – DESCRIBE CHECK(S) USED IN OPENING DEPOSIT

Maker's name _____	Bank Name _____	Amount \$ _____
Maker's name _____	Bank Name _____	Amount \$ _____
Maker's name _____	Bank Name _____	Amount \$ _____
Chex Systems Verification		Operator ID _____
Chex Systems Record		Time _____
Follow-Up Welcome Letter	Date _____	By _____
ATM/Debit card ordered	Date _____	By _____
Checks ordered	Date _____	By _____
Scanned ID & Signature	Date _____	By _____

VERIFICATION OF APPLICATION INFORMATION

Did C/S obtain and record primary and secondary ID information? <input type="radio"/> Yes <input type="radio"/> No (Explain)	
Does the photo match the customer's appearance? <input type="radio"/> Yes <input type="radio"/> No	
Home telephone number <input type="radio"/> Yes <input type="radio"/> No (Explain)	Home address <input type="radio"/> Yes <input type="radio"/> No (Explain)
Business telephone number <input type="radio"/> Yes <input type="radio"/> No (Explain)	Business address <input type="radio"/> Yes <input type="radio"/> No (Explain)
Bank references <input type="radio"/> Yes <input type="radio"/> No (Explain)	
Use of third party verification source <input type="radio"/> Yes <input type="radio"/> No (Explain)	Name of third party verification _____
Office of Foreign Assets Control (OFAC) <input type="radio"/> Yes <input type="radio"/> No (Explain)	

JOINT ACCOUNT SIGNER(S)

Name – (2)					
PRIMARY FORM OF IDENTIFICATION			SECONDARY FORM OF IDENTIFICATION		
<input type="radio"/> Driver License with Picture, State and Number			<input type="radio"/> Employee ID with Picture and Number		
State	Number	Expiration date	Employer	Number	
<input type="radio"/> Passport with Picture, Country and Number			<input type="radio"/> Credit Card Type and Number		
Country	Number	Expiration date	Type	Last 4#	Expiration date
<input type="radio"/> Alien Card with Picture, Country and Number			<input type="radio"/> Student ID with picture and Number		
Country	Number	Expiration date	School	Number	
<input type="radio"/> Government / State ID with Picture and Number			<input type="radio"/> Social Security Card		
State	Number	Expiration date	Number		
<input type="radio"/> Other	Explain		<input type="radio"/> Other	Explain	
Employer Name:			Occupation / Title		
Address:					
Work Phone:			Home Phone:		
Applicant Signature					
Name – (3)					
PRIMARY FORM OF IDENTIFICATION			SECONDARY FORM OF IDENTIFICATION		
<input type="radio"/> Driver License with Picture, State and Number			<input type="radio"/> Employee ID with Picture and Number		
State	Number	Expiration date	Employer	Number	
<input type="radio"/> Passport with Picture, Country and Number			<input type="radio"/> Credit Card Type and Number		
Country	Number	Expiration date	Type	Last 4#	Expiration date
<input type="radio"/> Alien Card with Picture, Country and Number			<input type="radio"/> Student ID with picture and Number		
Country	Number	Expiration date	School	Number	
<input type="radio"/> Government / State ID with Picture and Number			<input type="radio"/> Social Security Card		
State	Number	Expiration date	Number		
<input type="radio"/> Other	Explain		<input type="radio"/> Other	Explain	
Employer Name:			Occupation / Title		
Address:					
Work Phone:			Home Phone:		
Applicant Signature					

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

OR

Employer identification number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,