



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"/>	<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	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	Issue Date	Exp date	Employer	Number	
<input type="radio"/> Passport with Picture, Country and Number				<input type="radio"/> Credit Card Type and Number		
Country	Number	Issue Date	Exp 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	Issue Date	Exp date	School	Number	
<input type="radio"/> Government / State ID with Picture and Number				<input type="radio"/> Social Security Card		
State	Number	Issue Date	Exp date	Number		
<input type="radio"/> Other	Explain			<input type="radio"/> Other	Explain	

Employer Name: _____ Occupation / Title _____

Address: _____

Work Phone: _____ Home Phone: _____

Applicant Signature _____ Notary Public _____

(Bank use Only)

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		Date: _____ By: _____
Chex System Record		Date: _____ By: _____
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)	

RISK ASSESSMENT

Risk Rating: <input type="radio"/> High <input type="radio"/> Moderate <input type="radio"/> Low
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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	Issue date	Exp date	Employer	Number	
<input type="radio"/> Passport with Picture, Country and Number				<input type="radio"/> Credit Card Type and Number		
Country	Number	Issue date	Exp 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	Issue date	Exp date	School	Number	
<input type="radio"/> Government / State ID with Picture and Number				<input type="radio"/> Social Security Card		
State	Number	Issue date	Exp date	Number		
<input type="radio"/> Other	Explain			<input type="radio"/> Other	Explain	
Employer Name:				Occupation / Title		
Address:						
Work Phone:				Home Phone:		
Applicant Signature				Notary Public		
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	Issue date	Exp date	Employer	Number	
<input type="radio"/> Passport with Picture, Country and Number				<input type="radio"/> Credit Card Type and Number		
Country	Number	Issue date	Exp 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	Issue date	Exp date	School	Number	
<input type="radio"/> Government / State ID with Picture and Number				<input type="radio"/> Social Security Card		
State	Number	Issue date	Exp date	Number		
<input type="radio"/> Other	Explain			<input type="radio"/> Other	Explain	
Employer Name:				Occupation / Title		
Address:						
Work Phone:				Home Phone:		
Applicant Signature				Notary Public		

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 generally 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
						-					

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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

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. 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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.