

# Account Agreement

Date:

**Institution Name & Address**

Internal Use

**Account Title & Address**

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

## Owner/Signer Information 1

Name  
Relationship to Account (Owner, Convenience Signer, etc.)  
Address  
Mailing Address (if different)  
Home Phone  
Work Phone  
Mobile Phone  
E-Mail  
Birth Date  
SSN/TIN  
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date  
Other ID (Description, Details)  
Employer's Name & Address

Previous Financial Inst.

## Owner/Signer Information 2

Name  
Relationship to Account (Owner, Convenience Signer, etc.)  
Address  
Mailing Address (if different)  
Home Phone  
Work Phone  
Mobile Phone  
E-Mail  
Birth Date  
SSN/TIN  
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date  
Other ID (Description, Details)  
Employer's Name & Address

Previous Financial Inst.

## Ownership of Account

The specified ownership will remain the same for all accounts.

(For consumer accounts, select and initial.):

**Uniform Single-Party or Multiple-Party Account Selection Form Notice:** The type of account you select may determine how property passes at your death. Your Will may not control the disposition of funds held in some of the following accounts:

- Single-Party Account with Payable-On-Death (POD) Designation
- Single-Party Account without POD Designation
- Multiple-Party Account with Right of Survivorship
- Multiple-Party Account with Right of Survivorship and POD
- Multiple-Party Account without Right of Survivorship
- Convenience Account
- Trust Account (name beneficiaries below)
- 
- Corporation- For Profit                       Corporation- Nonprofit
- Partnership     Sole Proprietorship
- Limited Liability Company
- Trust-Separate Agreement Dated:
- 

## Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate ownership above.)

- If checked, this is a temporary account agreement.

## Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated below is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- Terms and Conditions                       Privacy
- Electronic Fund Transfers                       Truth in Savings
- Substitute Checks                               Funds Availability
- Common Features

[ X ]

[ X ]

[ X ]

[ X ]

Number of signatures required for withdrawal: .  
See Owner/Signer Information for Convenience Signer designation(s).



**Owner/Signer Information3**

Name  
 Relationship to Account  
 (Owner, Convenience  
 Signer, etc.)  
 Address  
 Mailing Address  
 (if different)  
 Home Phone  
 Work Phone  
 Mobile Phone  
 E-Mail  
 Birth Date  
 SSN/TIN  
 Gov't Issued Photo ID,  
 Type, Number, State,  
 Issue Date, Exp. Date  
 Other ID  
 (Description, Details)  
 Employer's Name  
 & Address  
 Previous  
 Financial Inst.

**Owner/Signer Information4**

Name  
 Relationship to Account  
 (Owner, Convenience  
 Signer, etc.)  
 Address  
 Mailing Address  
 (if different)  
 Home Phone  
 Work Phone  
 Mobile Phone  
 E-Mail  
 Birth Date  
 SSN/TIN  
 Gov't Issued Photo ID,  
 Type, Number, State,  
 Issue Date, Exp. Date  
 Other ID  
 (Description, Details)  
 Employer's Name  
 & Address  
 Previous  
 Financial Inst.

**Backup Withholding Certifications**

(If not a "U.S. Person," certify foreign status separately.)

**TIN:**

- Taxpayer I.D. Number (TIN)** - The number shown above is my correct taxpayer identification number.
- Backup Withholding** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- Exempt Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.

**I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).**

X (Date)

**Non-Individual Owner Information**

Name  
 EIN  
 Phone  
 Mobile Phone  
 E-Mail  
 Type of Entity  
 State/Country & Date  
 of Organization  
 Nature of  
 Business  
 Address  
 Mailing Address  
 (if different)  
 Authorization/  
 Resolution Date  
 Previous  
 Financial Inst.

Account Description	Account #	Initial Deposit/Source
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\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
\$	<input type="checkbox"/>	
\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
\$	<input type="checkbox"/>	
\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check	
\$	<input type="checkbox"/>	

**Services Requested**

ATM  Debit/Check Cards (No. Requested: )

**Other Terms/Information**

