

Account Agreement

Date: _____

Institution Name & Address

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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	
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	
Previous Financial Inst.	

Owner/Signer Information 2

Name	
Relationship	
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	
Previous Financial Inst.	

Internal Use

Account Title & Address

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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.)

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- ☐ 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 above 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 ☐ _____

Number of signatures required for withdrawal: _____.

See Owner/Signer Information for Convenience Signer designation(s).

- 1 [X]
- 2 [X]
- 3 [X] 4 [X]

Owner/Signer Information 3	
Name	
Relationship	
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	
Previous Financial Inst.	

Owner/Signer Information 4	
Name	
Relationship	
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	
Previous Financial Inst.	

Backup Withholding Certifications	
(If not a "U.S. Person," certify foreign status separately.)	
TIN: _____	
<input type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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
		\$ _____ <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	
<input type="checkbox"/> ATM <input type="checkbox"/> Debit/Check Cards (No. Requested: _____) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

Other Terms/Information
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