

Personal Deposit Account Application



(bank use) **Account Number(s):** _____

Today's Date: _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What does this mean to you? When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying documents.

Personal Information			
Full Name of Applicant #1:			
Social Security Number:		Date of Birth:	
Residence Address:			
Mailing Address (if different from above):			
Home Phone:	Cell Phone:	Email:	
Driver's License or State ID #:			
State Issued:	Date Issued:	Expiration Date:	
Employer's Name:		Title:	
Address:			
Phone Number:		Years There:	
Mother's Maiden Name:		City/Place of Birth:	
Check appropriate box: I am <input type="checkbox"/> an American Citizen <input type="checkbox"/> a Resident Alien <input type="checkbox"/> a Non – Resident Alien			
Are you currently or have you been a Senior Foreign Political Figure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have an immediate family member or close associate who is a current or former Senior Foreign Political Figure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Full Name of Applicant #2:			
Social Security Number:		Date of Birth:	
Residence Address:			
Mailing Address (if different from above):			
Home Phone:	Cell Phone:	Email:	
Driver's License or State ID #:			
State Issued:	Date Issued:	Expiration Date:	
Employer's Name:		Title:	
Address:			
Phone Number:		Years There:	
Mother's Maiden Name:		City/Place of Birth:	
Check appropriate box: I am <input type="checkbox"/> an American Citizen <input type="checkbox"/> a Resident Alien <input type="checkbox"/> a Non – Resident Alien			
Are you currently or have you been a Senior Foreign Political Figure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have an immediate family member or close associate who is a current or former Senior Foreign Political Figure? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Account Details	
Account Ownership – Personal: <input type="checkbox"/> Single-Party Account <input type="checkbox"/> Multiple-Party Account <input type="checkbox"/> Trust-Separate Agreement	
Rights at Death: <input type="checkbox"/> Single-Party Account (SPA) <input type="checkbox"/> SPA with Pay-on-Death <input type="checkbox"/> Multiple-Party Account (MPA) with RoS and Pay-on-Death <input type="checkbox"/> MPA without RoS and Pay-on-Death	
Payable-on-Death Beneficiaries (if applicable):	
Account Options	

Type:	<input type="checkbox"/> NOW Checking	<input type="checkbox"/> Regular Checking	<input type="checkbox"/> Money Market Account	<input type="checkbox"/> Savings	<input type="checkbox"/> Certificate of Deposit
Initial Deposit Amount & Source:	<input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input type="checkbox"/> Other:	Amount:	
Features:	<input type="checkbox"/> Checks	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Online Banking		
Service Charge Type (checking account only, please select one. See Account Agreement for more detail):					
<input type="checkbox"/> By Average Daily Balance OR			<input type="checkbox"/> Per each debit, check, or withdrawal transaction.		

TIN/Backup Withholding (full certification will be on signature card)

- I am not subject to backup withholding
- I am subject to backup withholding

Please Answer the Following Questions for all Applicants

	Applicant #1	Applicant #2
Have you had a checking account closed without your consent in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Although we may already know the answers to some or all of these questions, it is important that you provide us with this information to help us comply with the U.S. Patriot Act, and to make sure that we understand your banking needs. This will allow us to provide you with the products and services that you would expect from your Bank.</p>		
Will you be conducting wire transfers? If yes, how many?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many checks do you write per month?	#	
Will you be using your debit card on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be having a high volume of cash transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be purchasing Cashier's Checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be using this account for automatic payments/deposits?(i.e., payroll deposits, loan payments, automatic dues)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing Below, you Acknowledge and Agree to each of the following:

1. All information in this application is true and complete to the best of your knowledge and belief.
2. That neither applicant has made any misrepresentation in this application or has failed to include important information.
3. Portage Bank has the right to verify the accuracy of the information provided.
4. Portage Bank is authorized to obtain a consumer credit report/ check the credit rating and history of all the applicant(s).
5. The applicant acknowledges receipt of a copy and agree to the terms of Portage Bank's Account Agreement, the account terms, and disclosures contained within.

Applicant #1	
Signature:	Date:
Applicant #2	
Signature:	Date: