

Account Information to Open New Account

To open your new account with us, fill in this form, print, sign and bring to your nearest Plains Commerce Bank to meet with one of our knowledgeable personal bankers.

Applicant/Business

Name (First, MI, Last)

DBA (Doing Business As)

Physical Address

City, State, ZIP

Time at this address: _____
Years Months

Mailing Address (if different)

City, State, ZIP

SSN/TIN _____
Home Phone

Work Phone _____
Cell Phone

Date of Birth _____
Security Code/Password

DL State Issued _____
Driver's License #

Issue Date _____
Expiration Date

Employer

Bank Reference (bank name/town)

Email

Please choose one (additional PODs/beneficiaries on the following page)

<p>_____ Co-Applicant POD</p> <p>_____ Name (First, MI, Last)</p> <p>_____ Physical Address</p> <p>_____ City, State, ZIP</p> <p>Time at this address: _____ Years Months</p> <p>_____ Mailing Address (if different)</p> <p>_____ City, State, ZIP</p> <p>_____ SSN/TIN _____ Home Phone</p> <p>_____ Work Phone _____ Cell Phone</p> <p>_____ Date of Birth _____ Security Code/Password</p> <p>_____ DL State Issued _____ Driver's License #</p> <p>_____ Issue Date _____ Expiration Date</p> <p>_____ Employer</p> <p>_____ Email</p>	<p>_____ Beneficiary</p> <p>_____ Name (First, MI, Last)</p> <p>_____ Physical Address</p> <p>_____ City, State, ZIP</p> <p>Time at this address: _____ Years Months</p> <p>_____ Mailing Address (if different)</p> <p>_____ City, State, ZIP</p> <p>_____ SSN/TIN _____ Home Phone</p> <p>_____ Work Phone _____ Cell Phone</p> <p>_____ Date of Birth _____ Security Code/Password</p> <p>_____ DL State Issued _____ Driver's License #</p> <p>_____ Issue Date _____ Expiration Date</p> <p>_____ Employer</p> <p>_____ Email</p>
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Account Preferences

Please indicate products and services you currently use or are interested in:

- Checking Account
- Savings Account
- Money Market Account
- Certificates of Deposit
- Individual Retirement Accounts
- Checkcard or Debit Card
- ATM Card
- Direct Deposit
- Automatic Payments
- Online Banking
- Online Bill Pay
- Telephone Banking
- Safe Deposit Box Rental
- Preauthorized Transfers
- Ready Reserve
- Credit Card
- Home Equity Products
- Refinance
- Home Loans
- Personal Loans
- Auto/Boat Loans
- Business Accounts
- Business Online Services

I/We certify that everything I/we have stated in this application and on any attachments is correct. Bank may keep this application whether or not it is approved. By signing below I authorize Bank to check my credit and answer questions others may ask Bank about my credit record with the Bank.

Signature

Date

Signature

Date

Important Information

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 this means for you: When you open an account we will ask for your name, address, date of birth, and other information that allows us to identify you. We may also ask to see your driver's license or other identifying documents.

Will the account be cash intensive? Yes No
 If yes, will cash be in excess of \$3,000 in and/or out? Yes No
 Will this account use wire transfers? Yes No
 If yes, how often? _____

- Please select one:
- Corporations
 - Sole Proprietorship
 - Association
 - Partnership

Business Accounts Only:

Are you a money services business? Yes No
 Is your business organization in any way involved in Internet gambling activities? Yes No

Authorized Signers:

Name (First, MI, Last)	Title	SSN/TIN
Address	Date of Birth	Home Phone
Name (First, MI, Last)	Title	SSN/TIN
Address	Date of Birth	Home Phone
Name (First, MI, Last)	Title	SSN/TIN
Address	Date of Birth	Home Phone
Name (First, MI, Last)	Title	SSN/TIN
Address	Date of Birth	Home Phone

For Internal Use Only		
Date	Account #	
Employee Initials	Transfer #	OFAC
Account Type	Cash	ChexSystems
Rate	Checks	Employee Partnership
Term	Less Return	DL or ID
Int Pay Code	Deposit Amt	R Rate (F902)