

ACCOUNT OPENING FORM

Branch: _____ Account Number (if any): _____

Applicant Personal Information:

Full Legal Name: _____

Date of Birth: _____ Social Security Number: _____

Government Issued ID Type: _____ ID Number: _____

Issuing State/Country: _____ Expiration Date: _____

Residential Address: _____

Mailing Address (if different): _____

Primary Phone Number: _____ Email Address: _____

Employment Information:

Employer's Name: _____

Employer's Address: _____

Occupation/Title: _____ Years Employed: _____

Work Phone Number: _____

Account Details:

Account Type Requested: _____

Initial Deposit Amount (USD): _____

Currency Type: _____

Linked Accounts or Services Requested: _____

Declarations and Agreements:

- I certify that the information provided in this form is true, complete, and correct to the best of my knowledge and belief.
- I authorize the financial institution to verify any information contained herein and to obtain credit reports as necessary.
- I understand that the financial institution is required to comply with the USA PATRIOT Act and other applicable laws and regulations, which may require verification of my identity.
- I agree to notify the institution promptly of any changes to the information provided herein.
- I acknowledge receipt of the institution's privacy and account terms and conditions.
- I agree that the institution may share my information with affiliated companies as permitted by law.
- I understand that the institution reserves the right to deny account opening or close accounts in accordance with its policies and applicable law.
- I authorize electronic delivery of statements and notices unless I opt for paper delivery.
- I agree to all terms and conditions governing the account(s) requested herein, including fee schedules, as may be amended from time to time.
- I understand that this form and any attachments constitute the entire agreement relating to the account application.

Signature and Certification:

Applicant Signature: _____

Printed Name: _____

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