



Member FDIC | Equal Housing Lender

[Privacy Statement](#)

Personal Deposit Account Application

First Name:

Last Name:

Submitted on:

Privacy Policy:

Our [privacy policy](#) protects the privacy of your personally-identifying information that you provide us online.

Important Information about Procedures for Opening a New Account

Identification Procedures Requirements: 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 will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Security Notice:

You should ONLY fill out this Application on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now.

Instructions:

1. Complete Application and click "Submit Application".
2. To safeguard your privacy, QUIT your browser and restart it again after using this form. This form is NOT saved in your computer's memory when you quit your browser.

To open an account with Peoples Bank, you must be a resident of the State of Missouri or a current customer of Peoples Bank. Before proceeding, please confirm your eligibility. (required)

- I am a resident of Missouri or a current Peoples Bank customer. I am eligible to apply.
- I am NOT a resident of Missouri or a current Peoples Bank customer. I am NOT eligible to apply.

Primary Account Holder Information

First Name

Middle Initial

Last Name

Date of Birth

Social Security No.

Gender

Drivers License Information (required)	DL Number	DL State of Issue	DL Issue Date	DL Expiration Date
Contact Information (required)	Cell Phone	Home Phone	Work Phone	Email Address
Mailing Address	Address Line 1			
	Address Line 2			
	City	State	ZIP Code	
Physical Address	Address Line 1			
	Address Line 2			
	City	State	ZIP Code	
Employer and Occupation (required)	Employer Name		Occupation	
Citizenship	<input type="radio"/> US Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien <input type="radio"/> Foreign Student			
Subject to backup withholding	<input type="radio"/> YES <input type="radio"/> NO			
Joint Account Holder - if applicable				
First Name	Middle Initial		Last Name	

Date of Birth	Social Security No.		Gender	

Drivers License Information (required)	DL Number	DL State of Issue	DL Issue Date	DL Expiration Date
Contact Information (required)	Cell Phone	Home Phone	Work Phone	Email Address

Mailing Address	Address Line 1 <hr/> Address Line 2 <hr/> City _____ State _____ ZIP Code _____												
Physical Address	Address Line 1 <hr/> Address Line 2 <hr/> City _____ State _____ ZIP Code _____												
Employer and Occupation (required)	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Employer Name</td> <td style="text-align: center;">Occupation</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Employer Name	Occupation	_____	_____								
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Citizenship	<input type="radio"/> US Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien <input type="radio"/> Foreign Student												
Subject to backup withholding	<input type="radio"/> Yes <input type="radio"/> No												
Account Titling Information													
	<input type="radio"/> Individual <input type="radio"/> Joint <input type="radio"/> Trust <input type="radio"/> Fiduciary (legal documents required)												
Beneficiary Designation													
Beneficiary Designation (required) <i>The following is the designated beneficiary for the account effective as of the date of account opening. To make future designation changes, a new Beneficiary Designation Form must be completed, signed, and dated and delivered to us prior to your death.</i>	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Beneficiary Name</td> <td style="text-align: center;">Beneficiary Address</td> </tr> <tr> <td style="text-align: right;">Beneficiary 1</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: right;">Beneficiary 2</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: right;">Beneficiary 3</td> <td>_____</td> <td>_____</td> </tr> </table>		Beneficiary Name	Beneficiary Address	Beneficiary 1	_____	_____	Beneficiary 2	_____	_____	Beneficiary 3	_____	_____
	Beneficiary Name	Beneficiary Address											
Beneficiary 1	_____	_____											
Beneficiary 2	_____	_____											
Beneficiary 3	_____	_____											

Please click each product for more information:

CHECKING ACCOUNTS

SAVINGS ACCOUNTS

Certificate of Deposit /IRAs

[FREE Checking with Estatements](#)

[Statement Savings](#)

[Certificate of Deposits \(CD\)](#)

[Gen Next Checking](#)

[Minor Savings](#)

[Individual Retirement Accounts \(IRA\)](#)

[GO Club](#)

[Money Market Gold](#)

[Companion Savings Account](#)

[Student Checking](#)

[Money Market Passbook](#)

[Performance](#)

[Money Market Platinum](#)

[Health Savings](#)

[Health Savings](#)

[Christmas Club](#)

Checking Accounts	<input type="checkbox"/> FREE Checking with Estatements <input type="checkbox"/> Gen Next Checking <input type="checkbox"/> GO Checking <input type="checkbox"/> Student Checking <input type="checkbox"/> Peoples Performance <input type="checkbox"/> HSA - Health Savings Checking
Savings and Money Market	<input type="checkbox"/> Statement Savings <input type="checkbox"/> Minor Savings <input type="checkbox"/> Health Savings Account <input type="checkbox"/> Money Market Gold <input type="checkbox"/> Money Market Passbook <input type="checkbox"/> Money Market Platinum <input type="checkbox"/> Christmas Club
Certificate of Deposit	<input type="checkbox"/> 6 Month <input type="checkbox"/> 12 Month <input type="checkbox"/> 18 Month <input type="checkbox"/> 24 Month <input type="checkbox"/> 36 Month <input type="checkbox"/> 48 Month <input type="checkbox"/> 60 Month <input type="checkbox"/> Smart Saver Companion Account

<p>Requested Services Please choose services you wish to utilize</p>	<input type="checkbox"/> All Services <input type="checkbox"/> Debit Card <input type="checkbox"/> Online & Mobile Banking <input type="checkbox"/> Mobile Deposit <input type="checkbox"/> Peoples Pay Bill Payment <input type="checkbox"/> E-statements <input type="checkbox"/> Sweep Services
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<p>Would you like Overdraft Privilege on your account? By choosing YES, you want transactions not including one time debit card transactions to be paid within Overdraft Privilege limits. Normal Overdraft fees will apply.</p>	<input type="radio"/> YES <input type="radio"/> NO
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<p>Would you like your one time debit card transactions to be covered by Overdraft Privilege? By choosing YES, you want one time debit card transactions to be paid within Overdraft Privilege limits. Normal overdraft fees will apply.</p>	<input type="radio"/> YES <input type="radio"/> NO
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What you need to know about Overdraft Privilege

[What you need to know about Overdrafts and Overdraft Fees](#)
[Overdraft products and Overdraft Privilege Service Description](#)

Additional Information/Comments

<p>Please provide any additional information/comments as needed</p>	
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Upload Files

<p>Upload Drivers Licenses: Please upload a copy of the FRONT of each license for each applicant. If you have an address change on your DL, please upload a copy of the BACK.</p>	<p>Please submit this information as an additional attachment.</p>
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By submitting this application, I (each person jointly and severally) apply for the account(s) and services listed above. As an account owner, I am subject to all of its bylaws and rules as amended from time to time. I agree to the terms and conditions for any accounts or services that I have now or in the future, and as they change from time to time.

<p>(required)</p>	<input type="checkbox"/> I/We AGREE with the above statement
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