

Member FDIC | Equal Housing Lender Privacy Statement

Personal Checking/Savings Account Application

First Name:		Last Name:	
Submitted on:			
Account Holders must reside Important Information about Identification Procedures Relaw requires all financial inst What this means for you: Wallow us to identify you. We Security Notice: You should ONLY fill out this latest version, download a constructions: 1. Complete Application and 2. To safeguard your privacy memory when you quit your 3. We will contact you with the second instructions:	Procedures for Opening a Nequirements: To help the govintuitions to obtain, verify, and hen you open an account, was also ask to see your dress Application on-line if you a opy now. I click "Submit Application" of y, QUIT your browser and responses to floating of the location of our closest of Security card and Driver's Lice.	vernment fight the funding of tend record information that identifice will ask for your name, addressiver's license or other identifying a browser with the late or fax it to 304-528-6289. Estart it again after using this for fice for you to sign a signature of cense, or other documentation.	errorism and money laundering activities, Federal es each person who opens an account. ss, date of birth, and other information that will g documents. est security enhancements. If you don't have the error. This form is NOT saved in your computer's card. You may also be requested to provide
	Primary	Joint Account Holder Information	on .
First Name	9	Middle Initial	Last Name
First Name		Middle Initial	
First Name	Address Line 1	Middle Initial	
		Middle Initial State	
	Address Line 1 Address Line 2 City		Last Name
Address Information	Address Line 1 Address Line 2 City	State	Last Name

Joint Account Holder (with right of survivorship)					
First Name		Middle Initial	Last Name		
Date of Birth Social		Social Security No.	Your E-mail Address		
Driver's License No.			Driver's License State		
	Home Phone		Work Phone		
Address Information	Address Line 1 Address Line 2				
	City	State	ZIP Code		
Account Titling Information					
(required)	O Individual O Joint				
	I/We wo	uld like to apply for the followi	ng account(s):		
Checking Accounts	Regular Checkir	ng			
Savings Accounts	Savings				
Visa Check/ATM Card	☐ Visa Check Card	d			

The Internal Revenue Service does not require your consent to any provision of this document other than certification required to avoid backup withholding. See Taxpayer Identification Number Certification below.

Taxpayer Identification Number Certification: Under the penalties of perjury, I certify that

- (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because
 - (a) I am exempt from backup withholding, or
 - (a) Fam exempt from backup withholding, of
 - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or
 - (c) the IRS has notified me that I am no longer subject to backup withholding as a result of failure to report all interest or dividends, or
 - (d) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. person (including U.S. resident alien).

Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return unless you have received another notification form from the IRS that you are no longer subject to backup withholding.

I understand that if I do not provide a taxpayer identification number to **BankName** within sixty (60) days, then **BankName** is required to withhold twenty percent (20%) of all reportable payments thereafter made to me until I provide a number.

By submitting this application, I (each person jointly and severally) apply for the account(s) and Check/ATM card(s) listed above and a personal identification number. As an account owner, I am subject to all of its bylaws and rules as amended from time to time. I certify that all information given is correct. I understand and agree that for all accounts for / or, any one of us opens in the future is governed by this application, and all persons listed here will be owners, except as provided as follows: If I wish an account to have (as applicable) fewer, additional, or different owner(s), a completed, signed application for the specific account must be submitted to and accepted by BankName.

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. I agree at any time you may request information from others about my credit or accounts and that you provide to others experience information about me or my accounts with **BankName**.

I/We AGREE with the above statement