Member FDIC | Equal Housing Lender

Personal Checking/Savings 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.
Timeline: We should contact you within 2-3 business days.

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.
3. We will contact you with the location of our closest office for you to sign a signature card. You may also be requested to provide photocopies of your Social Security card and Driver's License, or other documentation.

Primary Joint Account Holder Information

First Name	Middle Initial	Last Name

Date of Birth	Social Security No.	Your E-mail Address

Driver's License No.	Driver's License State	Driver's License Expiration Date

Home Phone	Work Phone

Physical Address Information (required)	Address Line 1 Address Line 2 City State ZIP Code

Have you had a transaction account checking/savings at this or another institution within 12 months before making this application? (required)	◯ Yes ◯ No
Have you had a transaction account closed by a financial intermediary without your consent within 12 months before making this application? (required)	◯ Yes ◯ No
Have you been convicted of a criminal offense because of the use of a check or a similar item within 24 months of making this application? (required)	◯ Yes ◯ No

Joint Account Holder (with right of survivorship)

First Name	Middle Initial	Last Name

Date of Birth	Social Security No.	Your E-mail Address

Driver's License No.	Driver's License State	Driver's License Expiration Date

Home Phone	Work Phone

Address Information	Address Line 1 Address Line 2 City State ZIP Code
Have you had a transaction account checking/savings at this or another institution within 12 months before making this application? (required)	◯ Yes ◯ No
Have you had a transaction account closed by a financial intermediary without your consent within 12 months before making this application? (required)	◯ Yes ◯ No

Have you been convicted of a criminal offense because of the use of a check or similar item within 24 months of making this application? (required)	◯ Yes ◯ No

Checking and Savings account information

Checking Accounts

Student	Regular	Super NOW	55 Plus
• Available to students up to 24 years of age • No monthly service charges	• $2.50 plus $.10 per debit service charge if balance falls below minimum balance during statement cycle. • $300 Miniumum daly balance to avoid service charge	• Interest bearing • $800 minimum average daily balance to avoid monthly service charges • $10 monthly service charge if balance falls below the minimum	• Must be at least 55 years old to qualify • No monthly service charges

Savings Accounts

Passbook	Money Market
• No minimum balance • No monthly service charges	• Tiered interest account • $2,500 minimum daily balance to avoid service charges • $10 per month service charge if balance falls below minimum

Account Titling Information	
(required)	◯ Individual ◯ Joint
I/We would like to apply for the following account(s):	
Checking Accounts (required)	☐ Student Checking (24 years of age and under) ☐ Regular Checking ($300 minimum balance) ☐ 55+ Checking (55 years of age and over) ☐ None
Savings Accounts (required)	☐ Passbook Savings ☐ Money Market Savings ☐ None
Are you interested in a debit card? *Checking accounts only*	◯ Yes ◯ No
Choose the location you would like to complete your application (required)	☐ Darwin ☐ Dassel ☐ Paynesville ☐ Winthrop

Please upload any supporting documents *I.E. Applicants Drivers License, Social Security Card for applicants that dont have drivers licenses.*	Please submit this information as an additional attachment.

By submitting this application, I (each person jointly and severally) apply for the account(s) and Debit 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 **Perennial Bank**.
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 **Perennial Bank**.

(required)	☐ I/We AGREE with the above statement