

Member FDIC | Equal Housing Lender Privacy Statement

Personal Checking/Savings Account Application

First Name:		Loot Name				
First Name:		Last Name:				
Submitted on:						
Important Information about Identification Procedures Flaw requires all financial in: What this means for you: Wallow us to identify you. We Security Notice: You should ONLY fill out the latest version, download a Instructions: 1. Complete Application are 2. To safeguard your private memory when you quit you	at Procedures for Ope Requirements: To help stitutions to obtain, ve When you open an ac e may also ask to see his Application on-line copy now. and click "Submit Appli- cy, QUIT your browse ur browser.	to the government fight the funding of teerify, and record information that identificount, we will ask for your name, address your driver's license or other identifying if you are using a browser with the later cation."	rrorism and money laundering activities, Federal less each person who opens an account. ess, date of birth, and other information that will g documents. est security enhancements. If you don't have the rm. This form is NOT saved in your computer's			
		osest office for you to sign a signature iver's License, or other documentation.	card. You may also be requested to provide			
Primary Joint Account Holder Information						
First Nan	ne	Middle Initial	Last Name			
Date of Birth		Social Security No.	Your E-mail Address			
Driver's Licens	se No.	Driver's License State	Occupation/Employer			
	Home Phone		Work Phone			
Address Information	Address Line 1 Address Line 2					
	City	State	ZIP Code			

Subject to backup withholding	○ Yes ○ No	count Holder (with right of surv	vis (e ve la la)
First Nar		Middle Initial	Last Name
Date of Birth	So	cial 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
Subject to backup withholding	O Yes O No		
(required)	O Individual O Joint O In Trust For O Custodial	Account Titling Information	
In Trust For (required)	Name		Social Security No.
Custodial (required)	Name		Social Security No.
Checking Accounts	I/We would Regular Checking Interest Checking	d like to apply for the following	account(s):
Savings Accounts	Regular Savings		

Money Market Accounts	Money Market Account			
Mastercard Debit/ATM Card	Mastercard Debit Card			
	ATM Card			
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 Numb	ber 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 back				
(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 (include	ding 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 Wilson State Bank within sixty (60) days, then Wilson State Bank				
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				
	one cit. I understand and agree that for all accounts for 7 or, any one of us opens in the future is governed by one 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				
Wilson State 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 Wilson State Bank.				
(required)	I/We AGREE with the above statement			