Member FDIC | Equal Housing Lender

Privacy Statement

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.

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	Occupation/Employer

Home Phone	Work Phone

Address Information	Address Line 1 Address Line 2 City State ZIP Code

Subject to backup withholding	◯ 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

Home Phone	Work Phone

Address Information	Address Line 1 Address Line 2 City State ZIP Code
Subject to backup withholding	◯ Yes ◯ No

Account Titling Information

(required)	◯ Individual ◯ Joint ◯ In Trust For ◯ Custodial
In Trust For (required)	Name: Social Security No.
Custodial (required)	Name: Social Security No.

I/We would like to apply for the following account(s):

Checking Accounts	☐ Regular Checking ☐ Interest Checking
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 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
(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 **Wilson State Bank** within sixty (60) days, then **Wilson State Bank** 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 **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