



TODAY'S BANK

For Office Use Only	
Opened By:	Account Number:
Place Bar Code Here	

PERSONAL ACCOUNT APPLICATION

As required by the USA Patriot Act, Important Information about opening a New Account: 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 you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your drivers license or other indentifying documents.

1.) Please choose the types of accounts you are interested below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Freedom Checking | <input type="checkbox"/> 50+ Checking | <input type="checkbox"/> NOW Checking |
| <input type="checkbox"/> Regular Checking | <input type="checkbox"/> Money Market | <input type="checkbox"/> Safe Deposit Box |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Minor Savings | <input type="checkbox"/> Club Acct-Christmas/Vacation |
| <input type="checkbox"/> CD Term: _____ | <input type="checkbox"/> IRA Term: _____ | |

2.) Initial Deposit Amount: \$ _____ **Source of Funds:** _____

3.) Please choose the following type of account ownership:

Individual Joint with Survivorship Joint with No Survivorship Custodial

4.) Are you interested in purchasing checks for this account? _____

5.) PRIMARY ACCOUNT HOLDER INFORMATION

Name (First, MI, Last)			
Individual Address (Street Address)		Mailing Address (if different)	
City, State, Zip Code		City, State, Zip Code	
Home Phone	Work Phone	Cell Phone	Email Address
Social Security/Tax ID Number		Date of Birth (MM/DD/YYYY)	Mother's Maiden Name
Drivers License, State Id, or Passport Number		Issued By	Issue Date
		Expiration Date	Please circle one of the following: US Citizen Resident Alien Nonresident Alien
Employer's Name Occupation (If retired or disabled, list previous occupation. If you are a homemaker, list your last occupation outside of the home.)			For Office Use Only- Industry Code

6.) ADDITIONAL ACCOUNT HOLDER INFORMATION

Name (First, MI, Last)			
Individual Address (Street Address)		Mailing Address (if different)	
City, State, Zip Code		City, State, Zip Code	
Home Phone	Work Phone	Cell Phone	Email Address
Social Security/Tax ID Number		Date of Birth (MM/DD/YYYY)	Mother's Maiden Name
Drivers License, State Id, or Passport Number		Issued By	Issue Date
		Expiration Date	Please circle one of the following: US Citizen Resident Alien Nonresident Alien
Employer's Name Occupation (If retired or disabled, list previous occupation. If you are a homemaker, list your last occupation outside of the home.)			For Office Use Only- Industry Code

Signatures are required on the next page. Please complete the additional accountholder form if needed.

Account Number: _____

7.) DEBIT CARD

Customer Initials	Primary Acct Holder Name	
<i>For Office Use Only</i>	Card Number	
Date ordered:	Ordered by:	Profile code added to account by:
Customer Initials	Additional Account Holder Name	
<i>For Office Use Only</i>	Card Number	
Date ordered:	Ordered by:	Profile code added to account by:
By initialing, I/we agree to the terms and conditions of the debit card disclosure and the electronic funds disclosure from our financial institution.		

8.) ONLINE BANKING

Online banking login must include 7-15 characters and contain both letters & numbers

Primary Account Holder Login ID (Username)
Additional Account Holder Login ID (Username)
Do you want to use Bill Pay services: <i>Circle</i> Yes or No
Do you want to receive E-Statements (required for Freedom Checking)? <i>Circle</i> Yes or No
Email Address(es): (required)
<i>Once online banking is ready for you to access, you will receive an email from the Online Banking Department. The email will include instructions on how to activate your online banking account.</i>
<i>For Office Use Only</i> Note: Account cannot be added same day as opening. Must be processed within 2 business days after receipt!
Date sent to Online Banking Dept: Processed by: Date E-mail sent:
Date application processed: Date "Internet Banking" profile code added to account:
Application checked by: Date checked:

Please attach additional sheets for additional signers if needed

9.) Will you have a Pay-On-Death Beneficiary on this account? If so, please list the information below:

Name	SSN (if available)	Telephone Number
Mailing Address	City, State, Zip Code	% Beneficiary Designation Received
Name	SSN (if available)	Telephone Number
Mailing Address	City, State, Zip Code	% Beneficiary Designation Received

Please note the above Beneficiary Designations must equal 100%

I understand that under the USA Patriot Act, this financial institution is obligated to verify the identity of each customer opening a new account, or each new owner being added to a deposit account, and I understand and agree that if the institution is not able to verify the identity of all of the owners of this account within a reasonable time, it may, at any time, in its sole discretion, without providing notice, close the account. I certify that I am aware that restricted internet gambling transactions are prohibited from being processed through the account or relationship. The information I have provided is correct to the best of my knowledge. I authorize Today's Bank to check credit and/or employment history should it deem necessary. Verification of all account information is provided by Chexsystems.

10.) SIGNATURE(S) REQUIRED

 AUTHORIZED SIGNATURE PRINT NAME DATE

 AUTHORIZED SIGNATURE PRINT NAME DATE

Additional Account Holder Information

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Primary Account Holder Name _____ Account Type _____ Account # _____

1.) ADDITIONAL ACCOUNT HOLDER INFORMATION

Name (First, MI, Last)			
Individual Address (Street Address)		Mailing Address (if different)	
City, State, Zip Code		City, State, Zip Code	
Home Phone	Work Phone	Cell Phone	Email Address
Social Security/Tax ID Number		Date of Birth (MM/DD/YYYY)	Mother's Maiden Name
Drivers License, State Id, or Passport Number			Issued By Issue Date Expiration Date
			Please circle one of the following: US Citizen Resident Alien Nonresident Alien
Employer's Name			For Office Use Only- Industry Code
Occupation (If retired or disabled, list previous occupation. If you are a homemaker, list your last occupation outside of the home.)			

2.) ADDITIONAL ACCOUNT HOLDER INFORMATION

Name (First, MI, Last)			
Individual Address (Street Address)		Mailing Address (if different)	
City, State, Zip Code		City, State, Zip Code	
Home Phone	Work Phone	Cell Phone	Email Address
Social Security/Tax ID Number		Date of Birth (MM/DD/YYYY)	Mother's Maiden Name
Drivers License, State Id, or Passport Number			Issued By Issue Date Expiration Date
			Please circle one of the following: US Citizen Resident Alien Nonresident Alien
Employer's Name			For Office Use Only- Industry Code
Occupation (If retired or disabled, list previous occupation. If you are a homemaker, list your last occupation outside of the home.)			

3.) DEBIT CARD

Customer Initials	Primary Acct Holder Name		
For Office Use Only			
Card Number			
Date ordered:	Ordered by:	Profile code added to account by:	
Customer Initials	Additional Account Holder Name		
For Office Use Only			
Card Number			
Date ordered:	Ordered by:	Profile code added to account by:	
By initialing, I/we agree to the terms and conditions of the debit card disclosure and the electronic funds disclosure from our financial institution.			

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Do you want to receive E-Statements (required for Freedom Checking)? <i>Circle</i> Yes or No
Email Address(es): (required)
<i>Once online banking is ready for you to access, you will receive an email from the Online Banking Department. The email will include instructions on how to activate your online banking account.</i>
<i>For Office Use Only</i> Note: Account cannot be added same day as opening. Must be processed within 2 business days after receipt!
Date sent to Online Banking Dept: Processed by: Date E-mail sent:
Date application processed: Date "Internet Banking" profile code added to account:
Application checked by: Date checked:

5.) SIGNATURE(S) REQUIRED

AUTHORIZED SIGNATURE	PRINT NAME	DATE
AUTHORIZED SIGNATURE	PRINT NAME	DATE