

NEW ACCOUNT APPLICATION

Bank Use Only	Date _____
	Branch _____
	CSR Initials _____
	Checking Account # _____
	Savings Account # _____

1st Applicant Information

Name _____
 Physical Address _____
 City/State/Zip _____
 How long at present address _____
 Mailing Address _____
 City/State/Zip _____
 In the event we need to call you regarding your account, please list your phone numbers in order below:
 1) _____ Home ___ Work ___ Cell
 2) _____ Home ___ Work ___ Cell
 E-Mail Address _____
 Are you a U.S. Citizen? ___ Yes ___ No
 Social Security # _____
 Drivers License # _____ State _____
 Date of Birth _____
 Employer _____
 Occupation _____
 Employer's Address _____
 City/State/Zip _____
 Length of Employment _____
 If self-employed, provide what type : _____

 Name of closest relative not living with you _____
 Relationship _____
 Addr: _____ City _____ Ph# _____
 1st Contact _____ Ph# _____
 2nd Contact _____ Ph# _____
 Would you like to list additional contacts? (Age 65 or above) Y N
 List other Banks you have accounts with _____

 Reason you chose MBC/Foundation Bank _____

 Purpose for Account _____
 Estimated Annual Gross Income \$ _____
 Will proceeds from business activities be deposited or any business expenses be paid out of this account? ___ Yes ___ No
Challenge Question (Check one below)
 First Dog First Car Elementary School
 Birth City Other _____
Answer to Challenge Question: _____

2nd Applicant Information

Name _____
 Physical Address _____
 City/State/Zip _____
 How long at present address _____
 Mailing Address _____
 City/State/Zip _____
 In the event we need to call you regarding your account, please list your phone numbers in order below:
 1) _____ Home ___ Work ___ Cell
 2) _____ Home ___ Work ___ Cell
 E-Mail Address _____
 Are you a U.S. Citizen? ___ Yes ___ No
 Social Security # _____
 Drivers License # _____ State _____
 Date of Birth _____
 Employer _____
 Occupation _____
 Employer's Address _____
 City/State/Zip _____
 Length of Employment _____
 If self-employed, provide what type : _____

 Name of closest relative not living with you _____
 Relationship _____
 Addr: _____ City _____ Ph# _____
 1st Contact _____ Ph# _____
 2nd Contact _____ Ph# _____
 Would you like to list additional contacts? (Age 65 or above) Y N
 List other Banks you have accounts with _____

 Reason you chose MBC/Foundation Bank _____

 Purpose for Account _____
 Estimated Annual Gross Income \$ _____
 Will proceeds from business activities be deposited or any business expenses be paid out of this account? ___ Yes ___ No
Challenge Question (Check one below)
 First Dog First Car Elementary School
 Birth City Other _____
Answer to Challenge Question: _____

IMPORTANT: Please read before signing.

I/We hereby authorize the Bank to obtain such information as it may require concerning this application and agree that such information, as well as this application shall remain the Banks property whether or not the account is opened. By signing below you are certifying that the information provided is true and correct. **The undersigned further authorizes the financial institution to use verification methods necessary on the undersigned, as individuals.**

 First Applicant Signature

 Second Applicant Signature

Bank Use Only (* = Required)

- ___ 2 forms of Acceptable ID*
- ___ USInfoSearch*
- ___ Disclosures*
- ___ Watch Dog OFAC*
- ___ BNControl Red Flag*
- ___ Opt In/Opt Out form*
- ___ Text Opt In / Out*
- ___ Add'l Contact Sheet
- ___ Debit/ATM Card
- ___ Check order
- ___ Electronic Banking Services Info

- ___ Switch to Service assistance
- ___ Brella Client Satisfaction Survey
- ___ Loan Officer Intro
- ___ Safe Deposit Box # _____
- ___ Other _____
- ___ Scan Into Bank Mgr _____ Initial _____ Date _____