



Bank Use	
Port #:	_____
Account #:	_____
Responsibility:	_____
Opened By:	_____
Referred By:	_____

PERSONAL ACCOUNT APPLICATION

I am interested in the following accounts:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Premier Checking | <input type="checkbox"/> Regular Checking | <input type="checkbox"/> CD Term: _____ | <input type="checkbox"/> ATM Card |
| <input type="checkbox"/> Premier Money Market | <input type="checkbox"/> Personal Savings | <input type="checkbox"/> IRA CD Term: _____ | <input type="checkbox"/> Debit Card |
| <input type="checkbox"/> Founders Checking | <input type="checkbox"/> Money Market IRA | <input type="checkbox"/> Safe Deposit Box | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Founders Money Market | <input type="checkbox"/> Roth IRA | <input type="checkbox"/> Internet Banking | <input type="checkbox"/> Online Bill Pay |

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, beginning October 1, 2003, 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 information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

PRIMARY APPLICANT			
Full Legal Name:		Date of Birth:	
Government Issued Tax ID Number:		<input type="checkbox"/> SSN <input type="checkbox"/> Other (specify):	
Street Address (Your PO Box may be used for the mailing address, however we require a physical street address also):		Mailing Address (if different):	
City/State/Zip Code:		City/State/Zip Code:	
Previous Street Address (if less than 5 years):		City/State/Zip Code:	
Driver's License Number:	State Issued:	Issue Date:	Expiration Date:
Home Phone:	Cell Phone:	Work Phone:	Fax:
Personal Email Address:		Work Email Address:	
Employer:		Mother's Maiden Name:	

JOINT APPLICANT			
Full Legal Name:		Date of Birth:	
Government Issued Tax ID Number:		<input type="checkbox"/> SSN <input type="checkbox"/> Other (specify):	
Street Address (Your PO Box may be used for the mailing address, however we require a physical street address also):		Mailing Address (if different):	
City/State/Zip Code:		City/State/Zip Code:	
Previous Street Address (if less than 5 years):		City/State/Zip Code:	
Driver's License Number:	State Issued:	Issue Date:	Expiration Date:
Home Phone:	Cell Phone:	Work Phone:	Fax:
Personal Email Address:		Work Email Address:	
Employer:		Mother's Maiden Name:	



PERSONAL ACCOUNT APPLICATION

ACCOUNT ACTIVITY	
Do you expect recurring automatic transactions for this account (check all that apply)? <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other Automated Deposits <input type="checkbox"/> Automated Withdrawals	Consumer Capture What is the normal, expected amount of: Deposits: _____ Disbursements: _____ Account Balance: _____
Wire Transfers: Do you expect wire transfer activity? <input type="checkbox"/> Domestic Wires <input type="checkbox"/> International Wires <input type="checkbox"/> No wire activity	Do you expect to have large currency transactions in this account? <input type="checkbox"/> Yes <input type="checkbox"/> No
REFERRAL INFORMATION	
How did you hear about Premier Commercial Bank? <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend or Business Associate <input type="checkbox"/> Other (please specify): _____	Would you like eStatements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Mother's Maiden Name: _____
Referred by: _____	Email Address: _____
The applicant(s) acknowledges that all information will be verified and consumer credit agencies may be utilized to evaluate this application. Each applicant opening an account agrees to be governed by all policies and regulations of Premier Commercial Bank.	
Primary Applicant Signature: _____	Date: _____
Joint Applicant Signature: _____	Date: _____
BANK USE	
Rate Exception: (describe): _____ _____	
Issues of Concern: _____ _____ _____ _____	
Comments: _____ _____ _____	