

Falls City National Bank



Personal Deposit Account Application

Checking, Savings, Money Market, or Certificate of Deposit

Applicant Information

Full Name _____ DOB _____
(Primary) First M.I. Last

Physical Address
(No P.O. Box Address) _____

Mailing Address
(if different than physical address) _____

Primary Phone _____ Email _____

Secondary Phone _____ Social Security No. _____

Applicant Information

Full Name _____ DOB _____
(Secondary) First M.I. Last

Physical Address
(No P.O. Box Address) _____

Mailing Address
(if different than physical address) _____

Primary Phone _____ Email _____

Secondary Phone _____ Social Security No. _____

Identification (Government issued driver's license, State ID, or Passport)

Issuer _____ Type _____

Number _____ Issue Date _____ Expiration Date _____

Employment

Employer Name _____

Occupation (if retired, list your last occupation) _____

Work Phone Number/Extension _____

Select the type of account(s) you wish to open

Regular Checking

Now Account

Money Market

Regular Savings

Certificate of Deposit

Account Title (if applicable) _____

If you would like to designate any Beneficiaries on this account, list below

Beneficiary 1 Name and Address _____

Social Security No. _____ Date of Birth _____

Beneficiary 2 Name and Address _____

Social Security No. _____ Date of Birth _____

Disclaimer and Signature

By signing below, I apply for a deposit product selected above and certify that all information provided above is correct. I authorize you to check my credit and verify the information provided on this application. I also certify under penalty of perjury that the social security number(s) provided above is/are correct and that I am not subject to backup withholding under the internal revenue code. I understand that additional information may be required before a decision can be made regarding this application. I further understand that approval by Falls City National Bank for any of the deposit product(s) is conditioned on my agreement to abide by all terms and conditions contained in the applicable deposit agreement.

I have read the above statement and agree to the terms set out therein.

Signature _____ Date _____

Signature _____ Date _____

Section 326 of the USA PATRIOT ACT requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or changes an existing account. This federal requirement applies to all new customers and current customers. This information is used to assist the United States government in the fight against the funding of terrorism and money-laundering activities.

What this means to you: when you open an account or change an existing account, we will ask each person for their name, physical address, mailing address, date of birth, and other information that will allow us to identify them. We will ask to see each person's driver's license and other identifying documents and copy or record information from each of them.