

Palo Savings Bank

Consumer Account Opening Application

Account Owner and/or Authorized Signers Application - **Consumer Accounts**

IMPORTANT INFORMATION ABOUT PROCEDURES FOR 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 driver's license or other identifying documents.

Primary Account Owner/ Signer Information:

First Name _____ MI _____ Last Name _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip+4: _____

Tax ID/(SSN) _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home Phone:# _____ Work Phone # _____ Ext _____

Cell Number# _____ e-mail (optional) _____

Employer _____ Address _____

Previous Bank _____

*Please note: Federal regulation requires that the Bank have on file verification of customer's identification. Please be prepared to have new account staff review driver's license of other photo identification.

Co-Owner/ Signer Information:

First Name _____ MI _____ Last Name _____

Street Address: _____ P.O. Box: _____

City: _____ State: _____ Zip+4: _____

Tax ID/(SSN) _____ - _____ - _____ Date of Birth _____ / _____ / _____

Home Phone:# _____ Work Phone # _____ Ext _____

Cell Number# _____ e-mail (optional) _____

Employer _____ Address _____

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The information I have provided is correct to the best of my knowledge. I authorize Palo Savings Bank to check credit and/or employment history should it deem necessary.

X _____ **Date** _____
(Signature of Account Owner or Authorized Signer)

X _____ **Date** _____
(Signature of Account Owner or Authorized Signer)

X _____ **Date** _____
(Signature of Co-Owner or Authorized Signer)

For Bank Use Only:

Type of Account Opened: _____

Primary Account Owner Driver License # _____

Or other approved photo ID.

Issue Date: _____ Exp. Date: _____ Issuing State/ Entity _____

Address: _____

Joint (Co-Owner) Account Owner Driver License # _____

Or other approved photo ID.

Issue Date: _____ Exp. Date: _____ Issuing State/ Entity _____

Address: _____

Credit Bureau Report (Attachment): _____

Iowa Courts Online Search: _____

OFAC List Checked: _____

Account Opened By: _____

Retention 5 years after the account is closed