

UNB

Unity National Bank

Personal New Account Application

Account Opening Date _____

- Unity Advantage checking
- Interest Checking
- Golden Unity Plus
- Money Market Checking
- Platinum Money Market
- Savings Minor Savings

- COD (Cert of Dep)
- IRA

Term

_____ Days Interest Rate _____
 _____ Months APY _____
 _____ Years

DDA Account No. _____
SAV Acct No. _____
CD Account No. _____
IRA Account No. _____
Officer _____
Opening Amount _____
Opening Amount _____
Opening Amount _____

NEW CUSTOMER

EXISTING CUSTOMER

Previous Financial Institution

SIGNER		SIGNER (2) (IF APPLICABLE)	
Name (1)	First / MI / Last	Name (2)	First / MI / Last
Address		Address	
City / State / Zip		City / State / Zip	
E-Mail Address:		E-Mail Address:	
Social Security Number		Social Security Number	Date of Birth (MM/DD/YY)
Valid Driver's No.	State / Expiration date	Valid Driver's No.	State / Expiration date
Home phone	Work Phone	Home phone	Work Phone
Cell Number		Cell Number	
Employer	Occupation	Employer	Occupation

ANTICIPATED ACTIVITY

SERVICES	MONTHLY AVERAGE DOLLAR AMOUNT		
<input type="checkbox"/> Cash Deposits	<\$5,000	\$5,001 TO 10,000	>\$10,001
<input type="checkbox"/> Cash Debits/ Withdrawals	<\$5,000	\$5,001 TO 10,000	>\$10,001
<input type="checkbox"/> Check Deposits	<\$5,000	\$5,001 TO 10,000	>\$10,001
<input type="checkbox"/> Check Debits	<\$5,000	\$5,001 TO 10,000	>\$10,001
<input type="checkbox"/> ACH Deposit	<\$5,000	\$5,001 TO 10,000	>\$10,001
<input type="checkbox"/> ACH Debits	<\$5,000	\$5,001 TO 10,000	>\$10,001
<input type="checkbox"/> Incoming Domestic Wires	<\$5,000	\$5,001 TO 10,000	>\$10,001
<input type="checkbox"/> Outgoing Domestic Wires	<\$5,000	\$5,001 TO 10,000	>\$10,001
<input type="checkbox"/> Incoming International Wires	<\$5,000	\$5,001 TO 10,000	>\$10,001
<input type="checkbox"/> Outgoing International Wires	<\$5,000	\$5,001 TO 10,000	>\$10,001
<input type="checkbox"/> Cashier's Check	<\$5,000	\$5,001 TO 10,000	>\$10,001
<input type="checkbox"/> Loans	<\$5,000	\$5,001 TO 10,000	>\$10,001

Account Services	How did you hear about Unity National Bank?
<p align="center">National Bank services would you be interested in?</p> <p> <input type="checkbox"/> ATM/Visa Card <input type="checkbox"/> Loans <input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Safe Deposit Box <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> 24 Hour Night Deposit <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Bill Pay <input type="checkbox"/> On-Line Banking <input type="checkbox"/> Other _____ <input type="checkbox"/> Bank by Phone </p>	<p> <input type="checkbox"/> Media (radio, newspaper, etc.) <input type="checkbox"/> Friend <input type="checkbox"/> Co-Worker <input type="checkbox"/> Family Worker </p> <p align="center">Referred By _____</p>

Signer (3) Name		Signer (4) Name	
Address		Address	
City / State / Zip		City / State / Zip	
E-Mail Address:			
Social Security Number		Date of Birth (MM/DD/YY)	
Valid Driver's No.	State / Expiration date		
Home phone	Work Phone		
Cell Number			
Employer	Occupation		

Alternate Address _____

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. All account information is subject to verification. I am applying for one or more services which will be governed by separate agreement(s) and disclosure(s) which I have received, and I agree to be bound by the terms of such agreement(s) and disclosure(s).

Signer Signature _____ **Co-Signer Signature** _____
Date _____ **Date** _____

Bank Use Only
Documentation Received
 Valid Drivers License
 Address Verification (if applicable)
Exceptions Noted:

Beneficiary
Name _____ **DOB or Social** _____
Relationship _____ **Percentage** _____

Exceptions Approved By: _____ **Secondary ID** _____

FOR BANK USE ONLY

DISCLOSURES	HOLD INFORMATION	ADDITIONAL DATA
Given to Customer <input type="checkbox"/> Yes <input type="checkbox"/> No Emailed to Customer <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ By: _____	Place Hold: <input type="checkbox"/> YES <input type="checkbox"/> NO Amount \$ _____ Days _____ Deposit Amount <input type="checkbox"/> New Money <input type="checkbox"/> From Checking # _____ <input type="checkbox"/> From Savings # _____ <input type="checkbox"/> From CD # _____	Check Systems _____ OFAC Check: _____ INDIVIDUALS _____ <u>Payment Method for Certificates of Deposit</u> <input type="checkbox"/> By check <input type="checkbox"/> Capitalized <input type="checkbox"/> Transfer to # _____ ACCOUNT OPENED BY: _____