

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

APPLICANT		CO-APPLICANT (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 Blirth (MM/DD/YY)		Date of Blirth (MM/DD/YY)					
Valid Driver's No.		Valid Driver's No.					
State / Expiration date		State / Expiration date					
Home phone		Home phone					
Work Phone		Work Phone					
Cell Number		Cell Number					
Employer		Employer					
Occupation		Occupation					
Anticipated Activity							
SERVICES		FREQUENCY		AVERAGE DOLLAR AMOUNT			
<input type="checkbox"/> Deposits	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<5,000	5,001 TO 10,000	> 10,001			
<input type="checkbox"/> Cash Withdrawals	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<5,000	5,001 TO 10,000	>10,001			
<input type="checkbox"/> Incoming Wires	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly						
<input type="checkbox"/> Outgoing Wires	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly						
<input type="checkbox"/> International Wires	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly						
<input type="checkbox"/> Cashier's Checks	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly						
<input type="checkbox"/> ACH Services	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<5,000	5,001 TO 10,000	> 10,001			
<input type="checkbox"/> Loans	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly						
Account Services			How did you hear about Unity National Bank?				
What Unity National Bank services would you be interested in?			<input type="checkbox"/> Media (radio, newspaper, etc.) <input type="checkbox"/> Friend <input type="checkbox"/> Co-Worker <input type="checkbox"/> Family Worker				
<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			Referred By				
Applicant's Signature		Date		Co-Applicant's Signature		Date	

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

Alternate Address _____

Bank Use Only Documentation Received <input type="checkbox"/> Signature Card <input type="checkbox"/> SS# <input type="checkbox"/> Valid Drivers License <input type="checkbox"/> Address Verification (if applicable)	Beneficiary Name _____ DOB or Social _____
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Exceptions Noted: _____

Secondary ID _____

Exceptions Approved By: _____

FOR BANK USE ONLY

DISCLOSURES Given to Customer <input type="checkbox"/> Yes <input type="checkbox"/> No Emailed to Customer <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ By: _____	Hold Information 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 # _____	ADDITIONAL DATA Telecheck _____ 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: _____
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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).

Applicant's Signature	Date	Co-Applicant's Signature	Date
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