

Unity National Bank

Business New Account Application

Account Opening Date _____

- Opportunity Checking
- Small Business Checking
- Interest Checking
- Money Market Checking
- Platinum Money Market
- Savings

- Public Funds
- IRA
- (COD) Cert of Deposit
- Term _____
- Days _____
- Months _____
- Years _____

Interest Rate _____
APY _____

Officer: _____

DDA Account No. _____
SAV Acct No. _____
CD Account No. _____
IRA Account No. _____
Opening Amount _____
Opening Amount _____
Purpose of Acct _____

NEW CUSTOMER

EXISTING CUSTOMER

Previous Financial Institution _____

ACCOUNT TYPE

- Sole Proprietor
- Association
- Corporation
- Trust
- Non-Profit Organization
- Partnership
- Other

BUSINESS NAME	TAX ID#	TYPE OF BUSINESS	PHONE NUMBER
ADDRESS	CITY / STATE / ZIP	STMT ADDRESS (if different)	CITY / STATE / ZIP

APPLICANT		CO-APPLICANT (IF APPLICABLE)	
Name (1) First / MI / Last	Name (2) First / MI / Last	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	Date of Birth (MM/DD/YY)	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	Occupation	Cell Number	Occupation
Employer	Occupation	Employer	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

<p>What Unity National Bank services would you be interested in?</p> <p>____ ATM/Visa Card ____ Loans</p> <p>____ Overdraft Protection ____ Safe Deposit Box</p> <p>____ Certificate of Deposit ____ Twenty-four Hours Night Dep</p> <p>____ Direct Deposit ____ Wire Transfer</p> <p>____ Bill Pay ____ On-Line Banking</p> <p>____ Other _____ ____ Bank by Phone</p>	<p>How did you hear about Unity National Bank?</p> <p>____ Media (radio, newspaper, etc) ____ Close to Home</p> <p>____ Friend ____ Close to Work</p> <p>____ Co-Worker ____ Cross Sell</p> <p>____ Family Member ____ Other _____</p>
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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	
Home phone		Work Phone	
Cell Number			
Employer		Occupation	

BANK USE ONLY

Documentation Received

() Signature Card () Corporate Resolution () Association Resolution
 () Articles of Incorporation () DBA Certificate & Resolution () SS# or Tax ID Nr
 () Certificate of Incorporation () Partnership agreement () Texas Drivers License

Secondary ID

Exceptions Noted:

Exceptions Approved By: _____

FOR BANK USE ONLY

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

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**