

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	
<input type="checkbox"/> Deposits		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
<input type="checkbox"/> Cash Withdrawals		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
<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	
<input type="checkbox"/> Loans		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
Account Services		AVERAGE DOLLAR AMOUNT	
What Unity National Bank services would you be interested in?		<5,000 5,001 TO 10,000 > 10,001	
___ ATM/Visa Card		<5,000 5,001 TO 10,000 >10,001	
___ Overdraft Protection			
___ Certificate of Deposit			
___ Direct Deposit			
___ Bill Pay			
___ Other _____			
___ Loans			
___ Safe Deposit Box			
___ 24 Hour Night Deposit			
___ Wire Transfer			
___ On-Line Banking			
___ Bank by Phone			
		How did you hear about Unity National Bank?	
		___ Media (radio, newspaper, etc.)	
		___ Friend	
		___ Co-Worker	
		___ Family Worker	
		Referred By	
Applicant's Signature		Co-Applicant's Signature	
Date		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 _____
---	--

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: _____
---	--	--

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
------------------------------	-------------	---------------------------------	-------------