

Peoples Savings Bank
Consumer Account Opening Application
Account Owner and/or Authorized Signers Application
Consumer Accounts Only

Primary Account Owner/Signer Information: (Please print)

First Name _____ MI _____ Last Name _____
Street Address _____
P.O. Box or Mailing Address _____
City _____ State _____ Zip+4 _____
Previous Address (if current address is less than 2 yrs) _____
City _____ State _____ Zip+4 _____ How long? _____
Tax ID # _____ - _____ - _____ Date of Birth ____/____/____ Mother's Maiden Name _____
Home Phone # _____ Work Phone # _____ Cell Phone # _____
Email address _____
Employer _____ Position/Title _____
Employer Address _____
Driver's License # _____ Issuing State/Entity _____ Issue Date _____ Exp. Date _____
Or other approved photo ID
• *Federal Regulation requires that the Bank have on file verification of customer's identification. Please be prepared to have our staff review and copy driver's license or other photo identification.*

Co-Owner/Signer Information: (Please print)

First Name _____ MI _____ Last Name _____
Street Address _____
P.O. Box or Mailing Address _____
City _____ State _____ Zip+4 _____
Previous Address (if current address is less than 2 yrs) _____
City _____ State _____ Zip+4 _____ How long? _____
Tax ID # _____ - _____ - _____ Date of Birth ____/____/____ Mother's Maiden Name _____
Home Phone # _____ Work Phone # _____ Cell Phone # _____
Email address _____
Employer _____ Position/Title _____
Employer Address _____
Driver's License # _____ Issuing State/Entity _____ Issue Date _____ Exp. Date _____
Or other approved photo ID
• *Federal Regulation requires that the Bank have on file verification of customer's identification. Please be prepared to have our staff review and copy driver's license or other photo identification.*

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

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

To be completed with help from customer

- ___ Automatic Transfer
- ___ Debit card Expected Monthly Volume _____
- ___ Checks (WAL/DUP) Expected Monthly Volume _____
- ___ Online/Mobile Banking Expected Monthly Volume _____
- ___ Telephone Banking Expected Monthly Volume _____
- ___ Direct Deposit Expected Monthly Volume _____
- ___ Mobile Deposit Expected Monthly Volume _____
- ___ ACH Expected Monthly Volume _____
- ___ Wire Transfers Yes or No (Circle One)
- ___ Politically Exposed Person

For Bank Use Only:

OFAC Checked Yes ___ **NO** ___ **OFAC Match? Yes** ___ **No** ___

- ___ Checking Account(s) # _____, # _____
- ___ Savings Account(s) # _____, # _____
- ___ CD # _____, # _____
- ___ Safe Deposit Box # _____

Amount of Opening Deposit \$ _____

Privacy Policy Disclosure provided during account opening? _____

Source of Funds: Check ___ Cash ___ Internal Transfer ___

Other comments _____

If new to PSB customer, why did they choose PSB? _____

Account opened by _____

BSA Check Off List:

- Fill Out Worksheet
- Copy ID
- Get two forms of proof of address if address is different on ID than what they give you