



# Personal Checking Account Application

As a part of our ongoing efforts to protect your identity, we encourage you to bring this completed form to one of our branches. If you choose to mail this application, a Switch Specialist will be in touch with you.

Owner's Signature: \_\_\_\_\_ Co-Owner's Signature: \_\_\_\_\_

## Owner's Information

Name: Last	First	M.I.	Social Security Number	Date of Birth	Mother's Maiden Name
Residential Address (No PO Box)	Street Address/ Apartment #		City	State	Zip
Mailing Address (If different from above)	Street Address/ Apartment #		City	State	Zip
Home Phone	Other Phone	Email			
Employer	Occupation		Business Phone		
Issue ATM/Check Card <input type="checkbox"/>	Limit card withdrawals to \$50/day <input type="checkbox"/>	Limit card purchases to \$50/day <input type="checkbox"/>	Add existing account number to card: <input type="checkbox"/>		

## Co-Owner's Information

Name: Last	First	M.I.	Social Security Number	Date of Birth	Mother's Maiden Name
Residential Address (No PO Box)	Street Address/ Apartment #		City	State	Zip
Mailing Address (If different from above)	Street Address/ Apartment #		City	State	Zip
Home Phone	Other Phone	Email			
Employer	Occupation		Business Phone		
Issue ATM/Check Card <input type="checkbox"/>	Limit card withdrawals to \$50/day <input type="checkbox"/>	Limit card purchases to \$50/day <input type="checkbox"/>	Add existing account number to card: <input type="checkbox"/>		

I/We hereby agree to be bound by the by-laws of The Cape Cod Five Cents Savings Bank ("Bank") and by the terms and conditions governing the use of this account and any related services as from time to time are in effect and acknowledge receipt of a copy of the savings disclosure, a fee schedule, and All About Your Personal Deposit Account brochure. Each joint owner(s) guarantees the genuineness of the signatures of the other joint owner(s) and agrees that the Bank may credit to this account any instrument made payable to one or more joint owner(s), whether endorsed by one, all or none. Such credit, when final, shall constitute full payment of the instrument to the person(s) to whom it is payable. Each joint owner or any surviving owner(s) has full power to withdraw any or all amounts on deposit in this account (the passbook is required, if applicable.) I/We authorize the Bank to gather credit information about me/us that it deems relevant to this account including but not limited to ChexSystems Services and to give credit information to others.

**Request for a \$500.00 Overdraft Line of Credit.**

Available for personal checking accounts only and restricted to Individual or Joint account ownerships.

### Important Information About Procedures For Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

*Continued on next page.*

**Funds Transfer**

By signing this Signature Card, each account owner (“you”) authorizes and directs the Bank to transfer funds pursuant to the Bank’s Internet and Automated Telephone Banking instructions. Certificates of Deposit and Passbook accounts are not eligible for transfers. Online transfers from Bank Statement Money Market and Statement Savings accounts are considered pre-authorized transfers. You may make up to six (6) pre-authorized transfers per statement period from these types of accounts.

**Taxpayer Identification Number Certification**

I certify under penalties of perjury that the taxpayer identification number (TIN) provided is correct, I am a U.S. person (including a U.S. resident alien) and I am either exempt from back-up withholding under Internal Revenue Service regulations, or I am not subject to back-up withholding. The above statement is true with the exception of:

- I am subject to backup withholding because of underreported interest and dividends.
- I am a Foreign Recipient and have provided this institution with the appropriate Form W-8 certification.

Signature: \_\_\_\_\_ TIN: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Must be signed by the TIN Owner of the account, the PARENT or LEGAL GUARDIAN of the TIN Owner, OR the Court Appointed Fiduciary for the TIN Owner.

**FOR BANK USE ONLY**

Ownership of Account:  Individual  Joint with rights of survivorship

Account Title: \_\_\_\_\_ Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Anticipated Electronic Account Activity:

- No  Yes Incoming and Outgoing Domestic Wire Transfers
- No  Yes Incoming and Outgoing Foreign Wire Transfers. If Yes, identify the country:

Geographic Location:

Does the customer own property or live year round within the Bank’s geographic location (Cape Cod, the Islands, Bristol or Plymouth County)?

- Yes If Yes, indicate local address below if different from residential address on front.
- No If No, ask the customer why he/she chose to open an account at the Bank and obtain Officer approval below if other than Seasonal Statement Savings account is opened.

Reason opened: \_\_\_\_\_ Officer Approval: (signature) \_\_\_\_\_

**Applicant** Customer # \_\_\_\_\_

ID Type \_\_\_\_\_

Number \_\_\_\_\_

Issue Date \_\_\_\_\_

Exp. Date \_\_\_\_\_

Issuing Entity \_\_\_\_\_

Chex

ID Verification by: \_\_\_\_\_

**Co-Applicant** Customer # \_\_\_\_\_

ID Type \_\_\_\_\_

Number \_\_\_\_\_

Issue Date \_\_\_\_\_

Exp. Date \_\_\_\_\_

Issuing Entity \_\_\_\_\_

Chex

Branch: \_\_\_\_\_ Date: \_\_\_\_\_