

To open your new account with us, fill in this form, print, sign and bring to your nearest Plains Commerce Bank to meet with one of our knowledgeable Retail or Business Bankers.

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 may ask for name, address, date of birth and other information that allows us to identify you. We may also ask to see your driver's license (DL) or other identifying documents.

Is your business organization in any way involved in internet gambling activities? Yes No Will you engage as an exchange in virtual currency or in the marijuana business? Yes No

Business Accounts Only

Name of Business Entity

Physical Address

Mailing Address

SSN/TIN

Phone (Home/Cell/Work)

E-mail

Select One	Association	Corporation	Corporation Non-Profit LLC
	LLC	Partnership	Sole Proprietorship

Authorized Signers:

1)

Name (First, MI, Last)

Physical Address

Mailing Address

SSN/TIN		Date of Birth	
DL State Issued	DL Number		Expiration Date
Phone (Home/Cell/Wo	rk)		
E-mail			
2)			
Name (First, MI, Last)			
Physical Address			
Mailing Address			
SSN/TIN	_	Date of Birth	
DL State Issued	DL Number		Expiration Date
Phone (Home/Cell/Wo	rk)		
E-mail			
3)			
Name (First, MI, Last)			
Physical Address			
Mailing Address			
SSN/TIN	_	Date of Birth	
DL State Issued	DL Number		Expiration Date
Phone (Home/Cell/Wo	rk)		

E-mail

I/We certify that everything I/we have stated in this application and on any attachments is correct. Plains Commerce Bank (Bank) may keep this application whether or not it is approved. By signing below, I authorize Bank to check my credit and answer questions others may ask Bank about my credit record with the Bank.

Signature