

Consumer Account Application



Plains
Commerce
Bank



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.

Name (First, MI, Last)

Name (First, MI, Last)

DBA (Doing Business As)

DBA (Doing Business As)

Physical Address

Physical Address

Mailing Address

Mailing Address

Time at this Address _____

Time at this Address _____

SSN/TIN _____

SSN/TIN _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Date of Birth _____

Date of Birth _____

DL State Issued _____

DL State Issued _____

DL Number _____

DL Number _____

Expiration Date _____

Expiration Date _____

Employer _____

Employer _____

E-mail _____

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 other may ask Bank about my credit record with the Bank.

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

Will the account be cash intensive? Yes No

If yes, will cash be in excess of \$3,000 in and/or out? Yes No

Will this account use wire transfers? Yes No

If yes, how often?

Are you a money services business? Yes No

Is your business organization in any way involved in Internet gambling activities? Yes No

Will you engage as an exchanger in virtual currency or in the marijuana business? Yes No

Signature

Date

Signature

Date

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/Work)

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/Work)

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/Work)

E-mail