

Consumer Account Application



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