

References

Name of Relative Not Living with you

Address _____

City _____ St _____ Zip _____

Phone # _____

For Checking accounts being opened in Minnesota:

Minnesota law requires that I provide the following information. I understand that if I make any false statements here or on the rest of this application, I may be guilty of perjury.

____ I have had a checking account in Minnesota for the 12 months immediately preceding this application at:

Name of Financial Institution _____

Address _____

City, State, Zip _____

____ During the 12 months immediately preceding this application my checking account at _____ (name of Financial Institution) was closed without my consent.

The account was closed because of _____.

____ During the 24 month immediately preceding this application I was not convicted of any criminal offense as a result of using a check or similar instrument.

When handling my account please contact me at home ____ work ____ either ____

To the best of my knowledge everything in this application is correct. I understand that I may be guilty of perjury if I made any material misstatements. I also understand that you will retain this application whether or not it is approved. You are authorized to check my credit history and also employment history.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Types of deposits typically made? (Select those that apply)

Checks ____% Electronic (ACH) ____% Cash ____% Daily Ave Amount: _____

Wire Transfers Activity: Wire transfer in frequency per month: _____ Monthly ave Amount _____

Wire transfer out frequency per month: _____ Monthly ave Amount _____

How much cash will you be depositing per month? _____

Monthly Service Business: Fincen 107 required (www.msb.gov/new/index.html)

(cash per day customer >\$1000) Check Cashing: Yes ____ No ____

Money Orders or Traveler Check Services: Yes ____ No ____ Travel Cards: Yes ____ No ____

Currency Dealing/Exchange: Yes ____ No ____ Owner/Operator ATM