



Personal Deposit Account Application

Personal Information		
Full Name of Applicant # 1:		
Social Security Number:	Date of Birth:	
Physical Address:		
City:	State:	Zip Code:
Mailing Address (if different from above):		
City:	State:	Zip Code:
Previous Address (if at current address less than 2 years):		
Home Phone:	Cell Phone:	Fax:
E-Mail Address:		
Driver's License or State ID # :		
State Issued:	Date Issued:	Expiration Date:
Occupation (please be specific):		
Employer's Name:	Title:	
Address:	City:	ZIP Code:
Phone Number:	Years There:	
Name of nearest relative not living with you:		
Address:	Phone Number:	
Check appropriate box: I am <input type="checkbox"/> an American Citizen <input type="checkbox"/> a Resident Alien <input type="checkbox"/> a Non – Resident Alien		
Are you currently or have you been a Senior Foreign Political Figure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have an immediate family member or close associate who is a current or former Senior Foreign Political Figure? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Personal Information		
Full Name of Applicant # 2:		
Social Security Number:	Date of Birth:	
Physical Address:		
City:	State:	Zip Code:
Mailing Address (if different from above):		
City:	State:	Zip Code:
Previous Address (if at current address less than 2 years):		
Home Phone:	Cell Phone:	Fax:
E-Mail Address:		
Driver's License or State ID # :		
State Issued:	Date Issued:	Expiration Date:
Occupation (please be specific):		
Employer's Name:	Title:	
Address:	City:	ZIP Code:
Phone Number:	Years There:	
Name of nearest relative not living with you:		
Address:	Phone Number:	
Check appropriate box: I am <input type="checkbox"/> an American Citizen <input type="checkbox"/> a Resident Alien <input type="checkbox"/> a Non – Resident Alien		
Are you currently or have you been a Senior Foreign Political Figure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have an immediate family member or close associate who is a current or former Senior Foreign Political Figure? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please Answer the Following Questions for all Applicants		
	Applicant # 1	Applicant # 2
Have you had a checking account in the last 12 Months? If yes, where?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a checking account closed without your consent in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a criminal offense involving the use of a check within the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any State or Federal Tax Liens filed against you or any of your property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever declared bankruptcy or defaulted on any debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Although we may already know the answers to some or all of these questions, it is important that you provide us with this information to help us comply with the U.S. Patriot Act, and to make sure that we understand your banking needs. This will allow us to provide you with the products and services that you would expect from your Community Bank.		
Will you be conducting wire transfers? If yes, how many?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many checks do you write per month?		
Will you be using your debit card on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be having a high volume of cash transactions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be purchasing Cashier's Checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be using this account for automatic payments/deposits? (i.e. payroll deposits, loan payments, automatic dues)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any other unique banking need?		

Thank you for considering Platinum Bank for your financing needs

BY SIGNING BELOW, YOU ACKNOWLEDGE AND AGREE TO EACH OF THE FOLLOWING	
1.	All information in this application is true and complete to the best of your knowledge and belief.
2.	That neither applicant has made any misrepresentation in this application or has failed to include important information.
3.	Platinum Bank has the right to verify the accuracy of the information provided.
4.	Platinum Bank is authorized to obtain a consumer credit report/ check the credit rating and history of all the applicant(s).
5.	That all supporting documentation included in the application remains the property of Platinum Bank
6.	That all information provided will be kept confidential by Platinum Bank.

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 and other identifying documents.

Applicant # 1	
Name:	Date:
Signature:	
Applicant # 2	
Name:	Date:
Signature:	

If you are not in the presence of a Platinum Bank representative, the account application applicant signature (s) must be notarized

STATE OF _____)
) SS
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

(SEAL)

Notary Public for the State of _____
Residing at _____
My commission expires _____