

# ALLIANCE BANK

## NEW DEPOSIT ACCOUNT APPLICATION

**APPLICANT:**

**CO-APPLICANT or POA:**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

SOC SEC # \_\_\_\_\_

SOC SEC # \_\_\_\_\_

DL # \_\_\_\_\_  
STATE \_\_\_\_\_ ISSUE \_\_\_\_\_ EXP \_\_\_\_\_

DL # \_\_\_\_\_  
STATE \_\_\_\_\_ ISSUE \_\_\_\_\_ EXP \_\_\_\_\_

D/O/B \_\_\_\_\_ BIRTH CITY \_\_\_\_\_

D/O/B \_\_\_\_\_ BIRTH CITY \_\_\_\_\_

CURRENT MAILING ADDRESS \_\_\_\_\_  
COUNTY \_\_\_\_\_  
LENGTH \_\_\_\_\_ YEARS

CURRENT MAILING ADDRESS \_\_\_\_\_  
COUNTY \_\_\_\_\_  
LENGTH \_\_\_\_\_ YEARS

PHONE NUMBER \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_  
PREVIOUS ADDRESS \_\_\_\_\_  
LENGTH \_\_\_\_\_ YEARS

PHONE NUMBER \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_  
PREVIOUS ADDRESS \_\_\_\_\_  
LENGTH \_\_\_\_\_ YEARS

OCCUPATION \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ EXT \_\_\_\_\_  
LENGTH OF EMPLOYMENT \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ EXT \_\_\_\_\_  
LENGTH OF EMPLOYMENT \_\_\_\_\_

PREVIOUS BANK \_\_\_\_\_

PREVIOUS BANK \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

NEAREST RELATIVE NOT LIVING WITH YOU \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_

NEAREST RELATIVE NOT LIVING WITH YOU \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_

For the purpose of obtaining a new account at the Alliance Bank by the depositor(s) named above, the undersigned, jointly and severally, represent that the above statements are true and complete, and authorize Alliance Bank to obtain information regarding my identity, credit history, and other banking history from a consumer reporting agency and obtain additional information concerning our account standing and furnish the same to others, to answer any questions about our experience and other financial relationships with the account holder and agree to the provisions of any rules, regulations or agreements of the account holder. The undersigned understand that it may be a federal crime, punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the above facts, under the provisions of Title 19, United States Code, Section 1014.

**Politically Exposed Person:** Are you or co-applicant, a senior political figure within a country other than the United States OR are you or co-applicant a close friend, spouse or immediate family member to a senior political figure within a country other than the United States?

Yes \_\_\_ or NO \_\_\_ If yes, please specify which applicant(s) and the name of the country and specific name or territory office represents, name of politician, and title of office held.) \_\_\_\_\_

SIGNATURE OF APPLICANT(S):

\_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_