

American Bank
New Account Opening Form

Primary Owner First Name	Middle Initial	Last Name
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Primary Owner Social Security #: _____

Joint Owner First Name	Middle Initial	Last Name
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Joint Owner Social Security #: _____

What type of account would you like to open (**please circle all that apply**):

☐ Checking ☐ Savings ☐ Money Market ☐ Certificate ☐ IRA/HSA

Are you currently an American Bank customer?

_____ Yes, please skip to section 3

_____ No, please begin with section 1

Section 1: Primary Owner's Personal Information

If the address provided is not the address on your Photo ID, then you will need a bill or statement that was mailed to this address.

Street Address	City	State	Zip
Phone	Email Address	Passcode	
Date of Birth	Are you a US Citizen?	_____ Yes	_____ No
Driver's License #	Issue Date	Expiration Date	State Issued By
Occupation/type of work	Employer	If retired, what are you retired from?	

Section 2: Joint Owner's Personal Information

If the address provided is not the address on your Photo ID, then you will need a bill or statement that was mailed to this address.

Street Address	City	State	Zip
Phone	Email Address	Passcode	
Date of Birth	Are you a US Citizen?	_____ Yes	_____ No
Driver's License #	Issue Date	Expiration Date	State Issued By
Occupation/type of work	Employer	If retired, what are you retired from?	

Section 3: Account Services

Will either account owner use the following services? Please circle Yes or No.

Make deposits or withdrawals of <u>cash</u> greater than \$5,000 per <u>month</u> ?	Yes	No
Purchase cashier's checks or money orders?	Yes	No
Send or receive direct deposit items from within the US?	Yes	No
Send or receive direct deposit items from outside the US?	Yes	No
Send or receive wire transfers from within the US once a year or more?	Yes	No
Send or receive wire transfers from outside the US once a year or more?	Yes	No
Do you currently have an account at another bank?	Yes	No

Section 4: Debit Card

Would you like to order a debit card for your account?

_____ Yes - Primary Owner

_____ Yes - Joint Owner

_____ No, skip to section 5

_____ I would like to sign up for text alerts (to be used when potential fraud is detected)

Section 5: Checks

Design Choices:

Would you like to order checks for your account?

_____ Yes, complete section below

_____ No, skip to section 6

Information to put on checks:

_____ Name

_____ Address

_____ Phone Number

_____ Drivers License #

Blue Safety

Yellow Safety

Blue Marble

Green Marble

Violet Marble

Antique (Tan)

Eagle

Monarch (Butterfly)

Country (Barn)

Antlers (Deer)

Check Design: _____

Please check one: _____ Singles (150 per box) _____ Duplicates (125 per box)

Number of boxes: _____

Section 6: Electronic Access

I would like to enroll in the following:

_____ Online Banking (required to access the app or eStatements)

_____ Mobiliti (App)

_____ eStatements

_____ Bill Pay

Section 7: Beneficiary (for IRA and HSA Accounts)

If opening HSA, does your insurance include **single** or **family** coverage? _____

Number of primary beneficiaries: _____

Number of contingent beneficiaries: _____

Are you married? _____ Yes _____ No

Will your spouse be your primary beneficiary? _____ Yes _____ No

Please provide the following for all beneficiaries (attach additional pages as needed):

First Name	Middle Initial	Last Name
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Street Address	City	State	Zip
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Social Security #	Date of Birth
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Percentage (no decimal points)	Primary or Contingent (please circle one)
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First Name	Middle Initial	Last Name
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Street Address	City	State	Zip
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Social Security #	Date of Birth
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Percentage (no decimal points)	Primary or Contingent (please circle one)
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Section 8: Trust* (please fill out only if your account(s) will be in your trust)

Name of Trust _____

Date of Trust	Trust Tax ID Number
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Trustee Name	Trustee Social Security #
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Street Address	City	State	Zip
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Trustee Name	Trustee Social Security #
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Street Address	City	State	Zip
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***Please bring either a copy of your trust document or a Certification of Trust with you when you sign for your new account.**