



WATERFIELD BANK APPLICATION
DEPOSIT PRODUCTS AND SERVICES PROVIDED BY WATERFIELD BANK

Open New Account Additional Account Request Date Completed: _____
Form Completed By: _____ Promo Code (if applicable): _____

For Bank Use Only: Account Number(s): _____ Sole Proprietorship Checking: _____
Basic Business Checking: _____
Business Savings: _____
CSR ID: _____ Jumbo Business Savings: _____
Date: _____ Certificate of Deposit: _____

Type of Account:
 Sole Proprietorship Interest Checking Basic Business Checking Business Savings Jumbo Business Savings
 Business Certificate of Deposit: 3 mo. 6 mo. 12 mo. 24 mo. 36 mo. 60 mo.
Type of Ownership:
 Sole Proprietorship Partnership Corporation for Profit Not for Profit

THE TITLING OF THIS ACCOUNT SHOULD READ AS FOLLOWS:

Primary Account Holder: _____
Business Name: _____
Street Address: _____
City, State and Zip: _____
Statement Address (if different): _____
City, State and Zip: _____
Phone Number: _____ Business Phone: _____
 Social Security Number Federal Tax ID Number ID Number: _____

The Individual(s) Authorized to Transact Business on this Account is (are) as Follows:
Number of Signatures Required per Transaction: 1 2 3 4
*Primary Account Holder will act as Administrator for Online Access

1. Primary Name (First, MI, Last): _____
Address: _____
Social Security Number: _____
Date of Birth (mm/dd/yyyy)/City of Birth: _____
Mother's Maiden Name: _____
Email Address: _____
Preferred Card Type: ATM Card ATM/Debit Card (Checking Accounts Only)

2. Secondary Name (First, MI, Last): _____

Address: _____

Social Security Number: _____

Date of Birth (dd/mm/yyyy)/City of Birth: _____

Mother's Maiden Name: _____

Email Address: _____

Preferred Card Type: ATM Card ATM/Debit Card (Checking Accounts Only) No Card

3. Third Name (First, MI, Last): _____

Address: _____

Social Security Number: _____

Date of Birth (dd/mm/yyyy)/City of Birth: _____

Mother's Maiden Name: _____

Email Address: _____

Preferred Card Type: ATM Card ATM/Debit Card (Checking Accounts Only) No Card

4. Fourth Name (First, MI, Last): _____

Address: _____

Social Security Number: _____

Date of Birth (dd/mm/yyyy)/City of Birth: _____

Mother's Maiden Name: _____

Email Address: _____

Preferred Card Type: ATM Card ATM/Debit Card (Checking Accounts Only) No Card

All Accounts: It is agreed that Waterfield Bank (the Bank) is authorized to recognize and honor the signature(s) appearing below in payment of funds or in the transaction of other business on this account. By signing below, I/we agree to accept the Terms & Conditions/Disclosures governing my/our account(s) and consent to receive these documents electronically at the time my/our account(s) is opened by the Bank and at any time in the future for amendments made by the Bank. In connection with this application, I/we authorize the Bank to obtain my/our credit and employment history.

Multiple Owner Accounts: All accounts in name of two (2) or more Owners are agreed by Owners and the Bank to be held as a joint tenancy with right of survivorship and shall be payable to or upon the order of any Owner (see signatures required above) and upon death of Owner to the survivor(s), unless on the name of the account it has been noted that a tenancy in common is desired. Each Owner appoints the other Owner(s) as their attorney-in-fact to endorse instruments for deposit in the account. All interest earned in the account is reported on basis of the first Social Security number or Employee I.D. number, unless other arrangements are made.

As explained in the Terms & Conditions of the Bank, and under penalties of perjury, I/we certify that the information provided on this Signature Card is true, correct, and complete, that the signatures appearing hereon are genuine and that I/we have provided the correct taxpayer identification number (and I/we have not been notified by the Internal Revenue Service that I/we am or are subject to backup withholding).

Primary Signature: _____ Date: _____

Printed Name: _____

Secondary Signature (if applicable): _____ Date: _____

Printed Name: _____

Third Signature (if applicable): _____ Date: _____

Printed Name: _____

Fourth Signature (if applicable): _____ Date: _____

Printed Name: _____