

Unity National Bank

Business New Account Application

Account Opening Date _____

- Opportunity Checking
- Small Business Checking
- Interest Checking
- Money Market Checking
- Platinum Money Market
- Savings

- Public Funds
- IRA
- (COD) Cert of Deposit
- Term _____
- Days _____
- Months _____
- Years _____

Interest Rate _____
APY _____

Officer: _____

DDA Account No. _____
SAV Acct No. _____
CD Account No. _____
IRA Account No. _____
Opening Amount _____
Opening Amount _____
Purpose of Acct _____

NEW CUSTOMER

EXISTING CUSTOMER

Previous Financial Institution _____

ACCOUNT TYPE

- Sole Proprietor
- Association
- Corporation
- Trust
- Non-Profit Organization
- Partnership
- Other

BUSINESS NAME	TAX ID#	TYPE OF BUSINESS	PHONE NUMBER
ADDRESS	CITY / STATE / ZIP	STMT ADDRESS (if different)	CITY / STATE / ZIP

APPLICANT		CO-APPLICANT (IF APPLICABLE)	
Name (1) First / MI / Last	Name (2) First / MI / Last	Name (1) First / MI / Last	Name (2) First / MI / Last
Address		Address	
City / State / Zip		City / State / Zip	
E-Mail Address:		E-Mail Address:	
Social Security Number	Date of Birth (MM/DD/YY)	Social Security Number	Date of Birth (MM/DD/YY)
Valid Driver's No.	State / Expiration date	Valid Driver's No.	State / Expiration date
Home phone	Work Phone	Home phone	Work Phone
Cell Number	Occupation	Cell Number	Occupation
Employer	Occupation	Employer	Occupation

Anticipated Activity

SERVICES	FREQUENCY	AVERAGE DOLLAR AMOUNT		
<input type="checkbox"/> Deposits	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<5,000	5,001 TO 10,000	> 10,001
<input type="checkbox"/> Cash Withdrawals	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<5,000	5,001 TO 10,000	>10,001
<input type="checkbox"/> Incoming Wires	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			
<input type="checkbox"/> Outgoing Wires	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			
<input type="checkbox"/> International Wires	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			
<input type="checkbox"/> Cashier's Checks	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			
<input type="checkbox"/> ACH Services	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<5,000	5,001 TO 10,000	> 10,001
<input type="checkbox"/> Loans	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			

Account Services

<p>What Unity National Bank services would you be interested in?</p> <p>____ ATM/Visa Card ____ Loans</p> <p>____ Overdraft Protection ____ Safe Deposit Box</p> <p>____ Certificate of Deposit ____ Twenty-four Hours Night Dep</p> <p>____ Direct Deposit ____ Wire Transfer</p> <p>____ Bill Pay ____ On-Line Banking</p> <p>____ Other _____ ____ Bank by Phone</p>	<p>How did you hear about Unity National Bank?</p> <p>____ Media (radio, newspaper, etc) ____ Close to Home</p> <p>____ Friend ____ Close to Work</p> <p>____ Co-Worker ____ Cross Sell</p> <p>____ Family Member ____ Other _____</p>
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Referred By _____

Applicant's Signature	Date	Co-Applicant's Signature	Date

Additional Name		Additional Name	
Address		Address	
City / State / Zip		City / State / Zip	
E-Mail Address:		E-Mail Address:	
Social Security Number	Date of Blirth (MM/DD/YY)	Social Security Number	Date of Blirth (MM/DD/YY)
Valid Driver's No.	State / Expiration date	Valid Driver's No.	State / Expiration date
Home phone	Work Phone	Home phone	Work Phone
Cell Number		Cell Number	
Employer	Occupation	Employer	Occupation

BANK USE ONLY

Documentation Received

<input type="checkbox"/> Signature Card	<input type="checkbox"/> Corporate Resolution	<input type="checkbox"/> Association Resolution
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> DBA Certificate & Resolution	<input type="checkbox"/> SS# or Tax ID Nr
<input type="checkbox"/> Certificate of Incorporation	<input type="checkbox"/> Partnership agreement	<input type="checkbox"/> Texas Drivers License

Secondary ID

Exceptions Noted:

Exceptions Approved By: _____

FOR BANK USE ONLY

DISCLOSURES	HOLD INFORMATION	ADDITIONAL DATA
Given to Customer <input type="checkbox"/> Yes <input type="checkbox"/> No Emailed to Customer <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ By: _____	Place Hold: <input type="checkbox"/> YES <input type="checkbox"/> NO Amount \$ _____ Days _____ Deposit Amount <input type="checkbox"/> New Money <input type="checkbox"/> From Checking # _____ <input type="checkbox"/> From Savings # _____ <input type="checkbox"/> From CD # _____	Telecheck _____ OFAC Check: INDIVIDUALS _____ BUSINESS _____ <u>Payment Method for Certificates of Deposit</u> <input type="checkbox"/> By check <input type="checkbox"/> Capitalized <input type="checkbox"/> Transfer to # _____ ACCOUNT OPENED BY: _____

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. All account information is subject to verification. I am applying for one or more services which will be governed by separate agreement(s) and disclosure(s) which I have received, and I agree to be bound by the terms of such agreement(s) and disclosure(s).

Applicant's Signature	Date	Co-Applicant's Signature	Date
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