Sample

ACCOUNT AGREEMENT

AUBURNBANK
100 N. GAY ST.
AUBURN, AL. 36830

Account Number:

Account Owner(s) Name & Address

Agreement Date: _____ By: _____

☐ EXISTING Account - This agreement replaces previous agreement(s).

Account Description:

_____

☐ Checking ☐ Savings ☐ NOW ☐ _____

Initial Deposit $ _____ Source: _____

Ownership of Account - CONSUMER (Select One)

☐ Single-Party Account ☐ Trust-Separate Agreement

☐ Multiple-Party Account

☐ Other _____

Rights at Death (Select One)

☐ Single-Party Account

☐ Multiple-Party Account With Right of Survivorship

☐ Multiple-Party Account Without Right of Survivorship

☐ Single-Party Account With Pay On Death

☐ Multiple-Party Account With Right of Survivorship and Pay on Death

Pay-On-Death Beneficiaries. To Add Pay-On-Death Beneficiaries Name One or More:

Ownership of Account - BUSINESS Purpose

☐ Sole Proprietorship ☐ Single-Member LLC ☐ Partnership

☐ LLC *(LLC tax classification:* ☐ *C Corp* ☐ *S Corp* ☐ *Partnership)*

☐ C Corporation ☐ S Corporation ☐ *Non-Profit*

☐ _____

Business:

Backup Withholding Certifications *(Non-"U.S. Persons" - Use separate Form W-8)*

☐ By signing at right, I, _____ , certify under penalties of perjury that the statements made in this section are true.

☐ **TIN:** _____ The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

☐ **Not Subject to Backup Withholding.** I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **Exempt Recipient.** I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Additional Information:

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

☐ Terms & Conditions ☐ Truth in Savings ☐ Funds Availability

☐ Electronic Fund Transfers ☐ Privacy ☐ Substitute Checks

☐ Common Features ☐ _____

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X]

I.D. # _____ D.O.B. _____

(2): [X]

I.D. # _____ D.O.B. _____

(3): [X]

I.D. # _____ D.O.B. _____

(4): [X]

I.D. # _____ D.O.B. _____

Agency Designation (Optional). To Add Agency Designation To Account, Name One or More Agents:

_____

(Select One):

☐ Agency Designation Survives Disability or Incapacity of Parties

☐ Agency Designation Terminates on Disability or Incapacity of Parties