



Allied First Bank
P.O. Box 9000
Oswego, IL 60543
(800) 272-3286
(630) 554-8899

Consumer Deposit Account Application

Due to Patriot Act legislation, all authorized signers need to include a copy of a valid, state-issued ID with this application

To fill out this application, click on the data field to enter your data, print the application, sign it, and mail to the address above

APPLICANT

JOINT APPLICANT

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone # _____

Work or Cell Phone # _____

Driver's License # _____

Social Security Number _____

Date of Birth _____ Mother's Maiden Name _____

Email Address _____

Name of Employer _____

Title/Position _____

Employer Address _____

City _____ State _____ Zip Code _____

Employer Phone # _____ Length of Employment _____

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone # _____

Work or Cell Phone # _____

Driver's License # _____

Social Security Number _____

Date of Birth _____ Mother's Maiden Name _____

Email Address _____

Name of Employer _____

Title/Position _____

Employer Address _____

City _____ State _____ Zip Code _____

Employer Phone # _____ Length of Employment _____

~ DEPOSIT ACCOUNT TYPES – FILL OUT ALL FOR WHICH YOU ARE APPLYING ~

SAVINGS ACCOUNT

Bank Use Only	Please Name this Account: _____	Amount of Initial Deposit: _____
	Account Ownership (check one box) : <input type="checkbox"/> Individual	<input type="checkbox"/> Revocable Trust <input type="checkbox"/> Payable-On-Death
	<input type="checkbox"/> Joint w/ survivorship	<input type="checkbox"/> Joint – no survivorship (as tenants in common)
	<input type="checkbox"/> Other _____	
*Beneficiary: _____	Birth Date: _____	Relationship: _____
<i>(Note: Beneficiaries may not be named on Joint w/ Survivorship accounts)</i>		
Joint Owner/Signer: _____		

SAVINGS ACCOUNT

Bank Use Only	Please Name this Account: _____	Amount of Initial Deposit: _____
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	<input type="checkbox"/> Other _____	
*Beneficiary: _____	Birth Date: _____	Relationship: _____
<i>(Note: Beneficiaries may not be named on Joint w/ Survivorship accounts)</i>		
Joint Owner/Signer: _____		

****Please Continue on Reverse Side****

CHECKING ACCOUNT

Please Name this Account: _____ Amount of Deposit: _____ For Bank Use Only

Account Ownership: Individual Revocable Trust Pay-On-Death Account
(Check one box) Joint - With Survivorship Joint - No Survivorship (as tenants in common)
 Other _____

*Beneficiary: _____ Birth Date: _____ Relationship: _____
* Beneficiaries may not be named on Joint - With Survivorship Accounts

Joint Owner's Name: _____ Social Security #: _____

INTEREST CHECKING ACCOUNT

Please Name this Account: _____ Amount of Deposit: _____ For Bank Use Only

Account Ownership: Individual Revocable Trust Pay-On-Death Account
(Check one box) Joint - With Survivorship Joint - No Survivorship (as tenants in common)
 Other _____

*Beneficiary: _____ Birth Date: _____ Relationship: _____
* Beneficiaries may not be named on Joint - With Survivorship Accounts

Joint Owner's Name: _____ Social Security #: _____

MONEY \$ MARKET ACCOUNT

Please Name this Account: _____ Amount of Deposit: _____ For Bank Use Only

Account Ownership: Individual Revocable Trust Pay-On-Death Account
(Check one box) Joint - With Survivorship Joint - No Survivorship (as tenants in common)
 Other _____

*Beneficiary: _____ Birth Date: _____ Relationship: _____
* Beneficiaries may not be named on Joint - With Survivorship Accounts

Joint Owner's Name: _____ Social Security #: _____

CERTIFICATE OF DEPOSIT

Please Name this Account: _____ Amount of Deposit: _____ For Bank Use Only

Account Ownership: Individual Revocable Trust Pay-On-Death Account
(Check one box) Joint - With Survivorship Joint - No Survivorship (as tenants in common)
 Other _____

*Beneficiary: _____ Birth Date: _____ Relationship: _____
* Beneficiaries may not be named on Joint - With Survivorship Accounts

Joint Owner's Name: _____ Social Security #: _____

TIN CERTIFICATION & BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholdings as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).
Instructions: Cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item (3) and complete a W-8 BEN if you are not a U.S. Person.

TIN Acceptance Signature: _____
Date

I understand that this is an application for an account with Allied First Bank. Such approval process may include an inquiry into my past banking relationships and a review of my credit history. I also agree to the terms and conditions of any account for which I have applied and acknowledge receipt of the disclosures and at least one copy of this contract.

For Bank Use Only



Applicant Signature: _____ Date _____

Co-Applicant Signature: _____ Date _____