

American Bank Product and Services Account Application/Personal

Do you have accounts with our bank? Yes No

Have you ever worked at a Financial Institution or Brokerage House Yes (if so, name) _____ No

Please indicate service(s) desired: Checking Savings Certificate of Deposit Safe Deposit Box

ATM Card Debit Card Online Banking Bill Payment

Advantage Reserve Overdraft Protection \$ _____ (Amount Requested)

Individuals:

Primary Owner: First		Middle	Last	
Mailing Address			City, State, Zip	
Physical Street Address		City, State, Zip		Length at Current Address
Home Phone Number	Cell Phone Number	Verification Question	Verification Answer	
Home Email Address (Optional)		Social Security Number	Date of Birth	
Driver's License Number	Issuing State	Issue Date	Expiration Date	
Type of Occupation	Current Employer	Length of Employment	Employer Phone Number	
Beneficiary No.1 Name			Address	
Social Security Number (Optional)	Date of Birth	Phone Number	Relationship	
Beneficiary No. 2 Name			Address	
Social Security Number (Optional)	Date of Birth	Phone Number	Relationship	

Joint Owner: First		Middle	Last	
Mailing Address			City, State, Zip	
Physical Street Address		City, State, Zip		Length at Current Address
Home Phone Number	Cell Phone Number	Verification Question	Verification Answer	
Home Email Address (Optional)		Social Security Number	Date of Birth	
Driver's License Number	Issuing State	Issue Date	Expiration Date	
Type of Occupation	Current Employer	Length of Employment	Employer Phone Number	

Authorized Signer/Agent: First		Middle	Last	
Mailing Address			City, State, Zip	
Physical Address		City, State, Zip		Verification Question
				Verification Answer
Home Phone Number	Cell Phone Number	Social Security Number	Date of Birth	
Driver's License Number	Issuing State	Issue Date	Expiration Date	
Relationship to Account Owner (if any)		Current Employer	Work Phone Number	

If I check this box, I agree to have you use this application for a line of Advantage Reserve overdraft protection with the additional information included on the back side of this application. If I am approved, I agree to have you debit a minimum monthly payment from my American Bank checking account. _____ This is a joint credit application. _____

Initial

Initial

Applicant's Statement:

- The above information is true and correct. You are authorized to verify this information and retain the application whether or not it is approved.
- I understand that all telephone requests for account information and/or telephone requests for changes to my accounts or services will require the use of the above verification question and answer for identification purposes.
- In the case of a credit application, American Bank is authorized to make any investigation of my credit, either directly or through any agency. I also authorize American Bank to answer inquiries received on my credit experience.

First Person's Signature Date CIF Number

Second Person's Signature Date CIF Number

Authorized Signer Signature Date CIF Number

Accepted by: Bank Representative Date

Location Code

*****FOR ADVANTAGE RESERVE APPLICANTS ONLY*****

References: List all banks, stores, charge cards, etc. where you have accounts. Loans which you have paid in full may also be included if you desire.

Type	Account With	City	Acct Number	1. 1 st Person 2. 2 nd Person	Dep. Balance or Loan Amt Owing	Monthly Payment
Checking						
Savings						
Mortgage/ Rent						
Auto Loan						
Other Loans						
Credit Card						
Credit Card						
Credit Card						
Other Obligations						
Other Obligations						
Annual Income	1 st Person		2 nd Person			
Name and address of nearest relative not living with you						

Use additional documentation for any further debt.

*****BELOW BANK USE ONLY*****

NAMES: _____ Date: _____
Origination Fee Disclosed **Cash Advance Fee Disclosed**
 Approved Amount: _____ Account Number: _____
OR
 Decline Reasons: _____
 Responsibility Number: _____ Officer: _____

IDENTIFICATION VERIFICATION OBTAINED

Individuals:
SS Social Security Card _____
DL Unexpired Driver's License _____
SD Unexpired State Issued ID Card _____
CI College Photo ID Card _____
WD Employer Work ID Card _____
AI Alien ID Card _____
W8 Passport _____
If Elderly or Disabled and Do Not have Passport or Driver's License
GI Government Issued ID Document _____
CI College ID Card _____
CC Major Credit Card _____
UB Utility Bill with Current Residence Address _____
If in Military
AP Army Post Office (APO) _____
FO Fleet Post Office (FPO) _____
CA Residence or Business Address of Contact Individual _____

Assigned Risk Rating: Low Medium High* ***Occupational Risk Ratings**

<input type="checkbox"/> ATM Owner	<input type="checkbox"/> Fin. Institution or Brokerage House	<input type="checkbox"/> Nonres Alien/Foreign Acct.
<input type="checkbox"/> Auction House/Pawn Shop	<input type="checkbox"/> Foreign Bus/Domestic Shell	<input type="checkbox"/> Politically Exposed Persons
<input type="checkbox"/> Brokered Deposit	<input type="checkbox"/> Gaming/Casino	<input type="checkbox"/> Precious Metal/Stone/Jewel
<input type="checkbox"/> Cash-Intensive Business	<input type="checkbox"/> Medical Marijuana	<input type="checkbox"/> Real Estate/Title Company
<input type="checkbox"/> Dr./Lawyer/Other Prof	<input type="checkbox"/> Money Services	<input type="checkbox"/> Securities/Investment
<input type="checkbox"/> Foreign Fin. Institution	<input type="checkbox"/> NGO's/ Charities	