

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:

Name: First		Middle	Last	
Mailing Address			City, State, Zip	
Physical Street Address			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	

Second Name (if joint account) First		Middle	Last	
Mailing Address			City, State, Zip	
Physical Street Address			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		Social Security Number	Date of Birth	
Mailing Address		City, State, Zip	Verification Question	Verification Answer
Physical Address		City, State, Zip	Home Phone Number	Cell Phone Number
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 _____ Initial

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.

_____ Initial _____ 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. 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 CIF Number ATM Card Number 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: _____

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**

ATM Owner

Auction House/Pawn Shop

Brokered Deposit

Cash-Intensive Business

Dr./Lawyer/Other Prof

Foreign Fin. Institution

Fin. Institution or Brokerage House

Foreign Bus/Domestic Shell

Gaming/Casino

Medical Marijuana

Money Services

NGO's/ Charities

Nonres Alien/Foreign Acct.

Politically Exposed Persons

Precious Metal/Stone/Jewel

Real Estate/Title Company

Securities/Investment