

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, business documents, and other information that will allow us to identify you.

**Customer Information** You can add owners to your checking account by visiting a local branch with the additional owner(s) and proper identification

Full Name	Social Security Number	US Citizen
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Home Phone	Business Phone      Employer
Home Address (cannot be a PO Box)	County	City/State/Zip      Email Address

**Identification**

<b>New Customer (2 IDs required)/Existing Customer (1 ID required)</b>			
1 <sup>st</sup> ID Type	ID #	State/County Issue Date	Exp. Date
2 <sup>nd</sup> ID Type	ID #	State/County Issue Date	Exp. Date

**Checking / ATM / Debit Card Account Options**

Payroll Plan code \_\_\_\_\_

<input type="checkbox"/> BBT Bank-At-Work Checking	<input type="checkbox"/> BBT Bank-At-Work Now Checking	<input type="checkbox"/> ATM/Debit Card
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**Check Order**

Starting Number _____	Wallet / Duplicate	Style _____
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**Online Banking / Online Bill Payment / E-Statement Enrollment**

<input type="checkbox"/> Online Banking with Online Bill Payment	<input type="checkbox"/> Online Banking Only	<input type="checkbox"/> E-Statement Enrollment
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**E-Statement Additional Information**

**Desired Username:** \_\_\_\_\_ **Mother's Maiden Name (Security Protection):** \_\_\_\_\_

Please designate a primary checking account number: \_\_\_\_\_

**Savings Account Options**

<input type="checkbox"/> Statement Savings Account	<input type="checkbox"/> Money Market Savings	<input type="checkbox"/> Certificate of Deposit
	Term _____	Amount _____ Rate _____ APY
Combined Statement: <input type="checkbox"/> Would you like your checking and savings statements combined?		

**Automatic Transfer**

<input type="checkbox"/> From Checking to Savings	<input type="checkbox"/> From Savings to Checking
Checking Account Number: _____	Savings Account Number: _____
Amount \$ _____	Effective Date _____ (please allow 60 days for initial transfer)
Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> 15 <sup>th</sup> day & Last day of month	

## Credit Card Options

Prime Advantage ® Visa     Prime Advantage ® Mastercard

Classic                       Gold                               Platinum

Mother's Maiden Name \_\_\_\_\_

## Other Loan Options

Home Equity Loan                       Home Equity Line

First Mortgage Balance	Monthly Payment	Mortgage Company	Estimated Market Value
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_____	_____	_____	_____
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Second Mortgage Balance	Monthly Payment	Mortgage Company	Estimated Market Value
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_____	_____	_____	_____
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Debt to be Consolidated

<u>Creditor</u>	<u>Balance</u>	<u>Creditor</u>	<u>Balance</u>
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_____	_____	_____	_____
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_____	_____	_____	_____
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Own  Rent  Other \_\_\_\_\_                      Years/Months at Residence \_\_\_\_\_ / \_\_\_\_\_

Occupation \_\_\_\_\_                      Gross Monthly Pay \_\_\_\_\_                      Years/Months at Employer \_\_\_\_\_ / \_\_\_\_\_

Notice: Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Other Gross Monthly Income \_\_\_\_\_                      Source of Other Income \_\_\_\_\_

Are you obligated to make monthly alimony, child support, or maintenance payments?

Yes  No                      How much longer in years/months? \_\_\_\_\_ / \_\_\_\_\_                      Monthly Amount? \_\_\_\_\_

Have you ever been adjudged bankrupt or have any judgments, repossessions, garnishments or other legal proceedings ever been filed against you?

Yes  No                      List Proceedings \_\_\_\_\_

**Checking Account:** You are applying to open a deposit account and to obtain credit if applicable from Belmont Bank & Trust ("we" or "us"). You represent that all information in this application is accurate and complete, that you are competent to enter into contracts and that no bankruptcy proceeding is in progress or anticipated which involves you. We are not obligated to open an account or grant you credit, and we may retain this application whether or not an account is opened or credit is granted. You authorize us to obtain information from others concerning your credit standing and other relevant information impacting on this application

**Online Banking and Bill Payment:** You are asking us to issue to you a validated Initial Password that, when used with your Log-in ID (Social Security Number or Taxpayer ID number), will give you online access to all of your accounts. All instructions delivered by online access will be deemed to be your written authorization to charge or credit your accounts for transactions indicated and such transactions are subject to the Terms and Conditions governing Online Banking and Online Bill Payment. All account transactions are also subject to our Personal Account Agreement. You agree that we may deliver any and all disclosures required by law to be made to you electronically. You will notify us if the confidentiality of your Password is compromised. You will receive login information in and expedient manner of time.

**Credit Card/Home Equity Loan or Line:** You are applying to obtain credit from Belmont Bank & Trust ("we" or "us"). You represent that all information in this application is accurate and complete, that you are competent to enter into contracts and that no bankruptcy proceeding is in progress or anticipated which involves you and that no additional applications for credit with another lender have recently been submitted or will be submitted by you prior to our consideration for this application. We are not obligated to grant you credit, and we may retain this application whether or not credit is granted. You agree to pay all fees in connection with this application and such fees are not a guarantee that a loan will be approved and are not refundable to the extent permitted by law. You authorize us to obtain information from others concerning your credit standing and other relevant information impacting on this application

**Credit Card:** If we approve your application, we will issue you a credit card. We will also send you a credit card agreement at that time. If you do not like the terms of the agreement we send you with your card, you can rescind you agreement with us by returning your card to us. If you use the card, you agree to the terms of the agreement.

**IMPORTANT INFORMATION:**

Except as otherwise prohibited by law, we may provide to others, including, but not limited to, consumer credit reporting agencies, information about our transactions and experiences with you. Also, we and our affiliates (collectively "Belmont Bank & Trust") may share with each other all information about you and Belmont Bank & Trust has or may obtain for the purposes, among other things, of evaluating credit applications or offering you products and services that Belmont Bank & Trust believes may be of interest to you. Under the Fair Credit Reporting Act, there is certain credit information that cannot be shared about you (unless you are a business) if you tell us by writing to Belmont Bank & Trust, Attention: Retail Officer, 8250 W Belmont Ave, Chicago, IL 60634. If you write to us, you must include your name, address, account number and social security number in your correspondence.

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_



**Direct Deposit Transfer Letter**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of company making direct deposit to your account

\_\_\_\_\_  
Address City State ZIP

+  
TO WHOM IT MAY CONCERN:  
Please discontinue sending my automatic direct deposit to:

Old Bank: \_\_\_\_\_ Routing Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Amount Deposited: \_\_\_\_\_

Second Account Number: \_\_\_\_\_ Amount Deposited: \_\_\_\_\_

Please begin sending the same deposit to:  
Belmont Bank & Trust  
Chicago, Illinois  
Routing Transit Number: 071026576

Account Number: \_\_\_\_\_ Amount to Deposit: \_\_\_\_\_

Second Account Number: \_\_\_\_\_ Amount to Deposit: \_\_\_\_\_

This letter is written authorization to make the requested changes. If you have any questions regarding this request, please call me at the number listed below. Thank you for your assistance with this matter.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address City State ZIP Phone