



The National Union Bank of Kinderhook

Deposit Account Application

PERSONAL ACCOUNTS

1. Primary Account Information				Type of Account : <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Other							
Name				Social Security Number		Mother's Maiden Name		Place of Birth			
Address											
Statements To Be Mailed To: (If different from above)											
Previous Address: (If current less than 2 years)											
Home Telephone Number			Work Telephone Number			Cell Phone Number			E-mail Address		
Date of Birth					U.S. Citizen ? (If No, obtain IRS W-8 or equivalent)						
Type of ID (attach copy)		Issued By		ID Number		Other Identification					
Occupation		Gross Yr. Salary \$		Monthly Housing Expense \$		Employer Name and Address					
Previous /Current Bank					Savings Account Number						
Previous/Current Bank					Checking Account Number						
Name of Nearest Relative (Not Living With You)				Phone Number			Relationship				

2. Joint Application Information												
Name				Social Security Number		Mother's Maiden Name		City & State of Birth				
Address												
Previous Address: (If at current less than 2 years)												
Home Telephone Number			Work Telephone Number			Cell Phone Number			E-mail Address			
Date of Birth					U.S. Citizen? (If No, obtain IRS-W8 or equivalent)							
Type of ID (attach copy)		Issued By		ID Number		Other Identification						
Occupation		Gross Yr. Salary \$		Monthly Housing Expense \$		Employer Name and Address						
Previous/ Current Bank					Savings Account Number							
Previous / Current Bank					Checking Account Number							
Name of Nearest Relative (Not Living with You)				Phone Number () -			Relationship					
Related Products Available: <input type="checkbox"/> VISA® Check Card (checking accounts only) <input type="checkbox"/> Overdraft Line Protection (checking accounts only) <input type="checkbox"/> Internet Banking <input type="checkbox"/> Telebank Limit: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500												
I certify that the above information is true and complete, and authorize you to verify the above information and to obtain further information concerning my credit history and standing and deposit accounts maintained with other institutions.												
Primary Applicant's Signature				Date			Joint Applicant's Signature				Date	



BUSINESS ACCOUNTS

Name of Business	Taxpayer I.D. Number (Sole Proprietor-Social Security Number)	
Title of Account		
Address		
Statements To Be Mailed To: (If different from above)		
Type of Business Entity (check one): <input type="checkbox"/> Corporation-Profit <input type="checkbox"/> Corporation-Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Unincorporated Organization (Club, Association, etc.)		
Previous/ Current Bank	Savings Account Number	
Previous/ Current Bank	Checking Account Number	
I certify on behalf of this business that the above information is true and complete, and that you are authorized to verify the above information and to obtain further information concerning the business's credit history and standing and deposit accounts maintained with other institutions.		
Authorized Representative	Title	Date
Checks Drawn on:	Description of Initial Deposit	\$
		\$
Comments		

