



**Bank**

# CUSTOMER ACCOUNT SETUP

OPENING DEPOSIT

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☐ Cash ☐ Check

BANK REPRESENTATIVE: \_\_\_\_\_ STORE #: \_\_\_\_\_ DATE: \_\_\_\_\_

☐ Bank 1 (ME) ☐ Bank 2 (NH) ☐ Bank 3 (MA/RI) ☐ Bank 4 (Mid-Atlantic/South) ☐ Bank 11 (VT) ☐ Bank 18 (Northern NY)

## NEW ACCOUNT INFORMATION

☐ Account #: \_\_\_\_\_ ☐ Checking ☐ Savings Product Code: \_\_\_\_\_  
☐ Account #: \_\_\_\_\_ ☐ Checking ☐ Savings Product Code: \_\_\_\_\_

☐ Personal ☐ Business If Business, check one: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Rental Security Account ☐ Other

## CUSTOMER #1 INFORMATION

Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Business Name (if Applicable): \_\_\_\_\_ Business TIN: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Type of ID: \_\_\_\_\_ Number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Secondary ID: \_\_\_\_\_ Number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Legal Address (No P.O. Boxes): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If Different from Legal Address): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address (If at Current Address less than Two Years): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Source of Income: \_\_\_\_\_ Employment Status: \_\_\_\_\_

☐ Enrolled in Direct Deposit ☐ Combined Statement ☐ Debit Card Requested Check Style: \_\_\_\_\_

☐ Enrolled in TD Debit Card Advance<sup>SM</sup> ☐ Not Enrolled in TD Debit Card Advance<sup>SM</sup> (TD Debit Card Advance<sup>SM</sup> is for Retail Customers only)

☐ Customer has received the TD Debit Card Advance<sup>SM</sup> disclosure prior to making their election

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CUSTOMER #2 INFORMATION (OR Authorized Signer if Business Account)

Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_

Type of ID: \_\_\_\_\_ Number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Secondary ID: \_\_\_\_\_ Number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Legal Address (No P.O. Boxes): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If Different from Legal Address): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

☐ Enrolled in Direct Deposit ☐ Combined Statement ☐ Debit Card Requested Check Style: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## IMPORTANT INFORMATION

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

I/We acknowledge receipt of the Deposit Account Agreement, Account Maintenance Information grid, Fee Schedule and rates, which govern my/our accounts with the Bank. My/Our use of this account shall evidence my/our acceptance of the terms and conditions set forth in the Deposit Account Agreement, Account Maintenance Information grid, Fee Schedule and any Addendums as the same may be amended from time to time. Joint accounts are owned as joint tenants with right of survivorship.

I/We, both individually and on behalf of the account owner, if different, hereby authorize the Bank to, from time to time, request consumer reports containing references about me/us from third parties, such as a consumer reporting agency, in connection with opening and maintaining this account. If you (the Bank) are unable to open a deposit account, you will provide me/us with an additional notice regarding the consumer reporting agency.

By signing this signature card, I/we acknowledge that the deposit account to which I/we am/are being added as a co-owner may have an existing Moneyline account attached. I understand that a Moneyline account is a line of credit for overdraft protection. I/We acknowledge receipt of the Moneyline Agreement and disclosures and agree to their terms and conditions. I/We understand and agree that, as a co-owner of the deposit account, I/we will be fully responsible for payments on the Moneyline account (including any outstanding balances at this time) and that payment history and other credit information may be reported to consumer reporting agencies. By signing above, I/we authorize the Bank to automatically deduct the Minimum Payment Due for my/our Moneyline Account from the corresponding checking account if the Minimum Payment Due is not received by the Payment Due Date listed on the statement. Further, I/we agree to maintain sufficient funds in my/our checking account to cover this automatic payment.

This section does not apply to U.S. non-resident aliens. Under penalty of perjury, each Customer signing above certifies that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
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 withholding as a result of a failure to report all interest or 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).

Certification Instructions. You must 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 or for any other reason. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA) and, generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.