

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 the Bank will ask for your name, address, date of birth and other information that will allow the Bank to identify you. The Bank may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

COMPLETE THE INFORMATION

Credit Union Name _____ Tax ID Number _____ Routing Number _____

Address (Please use the physical address and add the PO Box if needed) _____

Contact Legal Name _____ Contact Phone _____ Email Address _____

Authorized Signors:

- | | | | | | | |
|----|------------|-------|-------|-------|---------------|----------------------|
| 1. | _____ | _____ | _____ | _____ | _____ | _____ |
| | Legal Name | Title | Email | Phone | Date of Birth | Last 4 Digits of SSN |
| 2. | _____ | _____ | _____ | _____ | _____ | _____ |
| | Legal Name | Title | Email | Phone | Date of Birth | Last 4 Digits of SSN |
| 3. | _____ | _____ | _____ | _____ | _____ | _____ |
| | Legal Name | Title | Email | Phone | Date of Birth | Last 4 Digits of SSN |
| 4. | _____ | _____ | _____ | _____ | _____ | _____ |
| | Legal Name | Title | Email | Phone | Date of Birth | Last 4 Digits of SSN |

Please select the type of account you want to utilize:

- MMDA
- Certificate of Deposit TERM: _____ PERCENTAGE OF INTEREST DESIGNATED TO NCUF: 50% 75% 100%

Interest Options (Withdrawal of interest will reduce interest yield): Reinvest OR Pay via Check ACH

\$ _____
Initial Deposit Amount

_____ Account Number to Credit for ACH Deposit

_____ Routing instructions if paying via ACH

ATTACH IMPORTANT DOCUMENTS

Please include a copy of your Charter or Articles of Incorporation and IRS Form W-9.

RETURN COMPLETED APPLICATION

EMAIL to: **comcashmgt@ncb.coop** OR FAX to: **(937) 393-9629** OR MAIL to: **NCB**
Attn: Deposit Services Office
139 S. High St.
Hillsboro, OH 45133

Do not send sensitive financial information, such as social security numbers, bank account numbers, or any other similarly sensitive information about yourself or your business, by email without first encrypting it. If you need assistance with encryption, please contact NCB directly.