



PERSONAL ACCOUNT INFORMATION FORM

NOTICE: ACCOUNT WILL NOT BE ACTIVE NOR WILL CHECKS BE ORDERED UNTIL ALL INFORMATION HAS BEEN VERIFIED
 TWO FORMS OF IDENTIFICATION REQUIRED

TYPE OF ACCOUNT (PLEASE CHECK ONE)		TYPE OF OWNERSHIP (PLEASE CHECK ONE)	
CHECKING:	<input type="checkbox"/>	INDIVIDUAL:	<input type="checkbox"/>
SAVINGS:	<input type="checkbox"/>	JOINT WITH SURVIVORSHIP (JOINT TENANCY)	<input type="checkbox"/>
CERTIFICATE OF DEPOSIT:	<input type="checkbox"/>	JOINT NO SURVIVORSHIP	<input type="checkbox"/>
SAFE DEPOSIT BOX:	<input type="checkbox"/>	PAYABLE OF DEATH	<input type="checkbox"/>
LOAN	<input type="checkbox"/>		
	YES NO		
PLEASE INITIAL	<input type="checkbox"/>	I request issuance of a debit card in connection with this account	<input type="checkbox"/>
PLEASE INITIAL	<input type="checkbox"/>	I request access to Alliance Bank's On-line Banking Application	<input type="checkbox"/>

Applicant Information

Full Legal Name		RM Number:	
Street Address	Time at Address	YRS	MOS
City, State, Zip			
Mailing Address (if different)			
Home Phone	Cellular Phone	E-Mail Address	
Social Security #	Date of Birth	Country of Citizenship	
Driver's License	State	Number	Issue Date
			Expires
Previous Address (if at current for less than 2 years)	Time at Address	YRS	MOS
City, State, Zip			
Have you lived in Kansas the past 5 years?	If no, previous City and State		
Current Employer	How Long	YRS	MOS
Employer Address, City, State, Zip			
Work Phone	Occupation	Supervisor	
Previous Employer (if at current employment for less than 2 years)	How Long	YRS	MOS
Current Bank or Financial Institution			
City	State	Zip	
Mother's Maiden Name			
List Joint Account Holders			

Transaction types expected:			
<input type="checkbox"/>	Cash	<input type="checkbox"/>	Checks
<input type="checkbox"/>	Cash Advances	<input type="checkbox"/>	ACH
<input type="checkbox"/>	Gift Cards	<input type="checkbox"/>	Domestic Wire
<input type="checkbox"/>	Debit Card (POS & ATM)	<input type="checkbox"/>	International Wire
<input type="checkbox"/>	Online Activity	<input type="checkbox"/>	Mobile Banking
<input type="checkbox"/>	Bill Pay	<input type="checkbox"/>	Direct Deposit

Customer Identification Program Closure: To help the government fight the funding of terrorism and money laundering activities, federal law requires that all financial institutions obtain, verify and record information which identifies each person who opens an account. When an account is opened by a new customer, we will request name, address, date of birth and other information which will allow us to identify such customer. We may also require presentation of a driver's license, passport or other identifying documents

TO OPEN A NEW DEPOSIT ACCOUNT: you must provide a taxpayer identification, social security or other identifying number at least one of the identification documents listed below and a 2nd form of identification. Bank personnel may, at their discretion, request additional documentation to resolve discrepancies, to verify identity, or to comply with regulatory recordkeeping requirements

1.	Current Kansas or other State Driver's License	4.	Current United States Military ID with photograph
2.	Current State-issued ID with photograph	5.	Permanent Resident Card, also referred to as "Green Card"
3.	Current U.S. or other passport		

CERTIFICATIONS. Each of the undersigned certifies that all of the information provided in this application is true and correct as of the date below. The Bank is authorized, at its discretion, to verify any of the information provided in this application at any time. I authorize Alliance Bank to make any necessary inquiries on my personal, employment, credit and account history. Untrue statements or misrepresentations may result in the termination of this account.

Applicant Signature X	Date
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