

Your Future Begins Today!



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DEPOSIT ACCOUNT APPLICATION

USA PATRIOT ACT NOTICE: Important information about opening an account. To help the government fight the funding of terrorism and money laundering activities, the 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, and other information that will allow us to identify you. We may also ask to see, copy or scan your driver's license and/or other identifying documents.

Applicant Information

IRS Owner Name:		Preferred Name		SSN: <input type="checkbox"/> on file	
What is your residency status? <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien		Birth Place-City and State:		Date of Birth: <input type="checkbox"/> on file	
Mother's Maiden Last Name:		Authentication Phrase -Optional. Will be used for multi factor authentication		Authentication Hint:	
Email Address: <input type="checkbox"/> Same		ID Number:	ID Type:	Date Issued:	
Issuing State:	Expiration Date:	Current Employer (if retired list last employer):		Job Title/Position: (if retired list last position)	
Physical Address: <input type="checkbox"/> Same		City:		State:	Zip:
Mailing Address: <input type="checkbox"/> Same as Physical Address		City:		State:	Zip:
Home Phone Number: <input type="checkbox"/> Same		Cell Phone Number: <input type="checkbox"/> Same		Work Phone Number: <input type="checkbox"/> Same	

Co Applicant Information

Co-Owner Name:		Preferred Name		SSN: <input type="checkbox"/> on file	
What is your residency status? <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien		Birth Place-City and State:		Date of Birth: <input type="checkbox"/> on file	
Mother's Maiden Last Name:		Authentication Phrase -Optional. Will be used for multi factor authentication		Authentication Hint:	
Email Address: <input type="checkbox"/> Same		ID Number:	ID Type:	Date Issued:	
Issuing State:	Expiration Date:	Current Employer (if retired list last employer):		Job Title/Position: (if retired list last position)	
Physical Address: <input type="checkbox"/> Same		City:		State:	Zip:
Mailing Address: <input type="checkbox"/> Same as Physical Address		City:		State:	Zip:
Home Phone Number: <input type="checkbox"/> Same		Cell Phone Number: <input type="checkbox"/> Same		Work Phone Number: <input type="checkbox"/> Same	

Payable on Death Designation (Beneficiary)

Per RG BANK policy, a designated POD/Beneficiary must be at least 18 years old to be named a POD/Beneficiary on an account. If more than one POD/Beneficiary is designated total percentage must equal 100%.			
Name:		DOB:	SSN:
Primary <input type="checkbox"/> Contingent <input type="checkbox"/>		Relationship to Acct Holder:	Percentage:
Name:		DOB:	SSN:
Primary <input type="checkbox"/> Contingent <input type="checkbox"/>		Relationship to Acct Holder:	Percentage:
Name:		DOB:	SSN:
Primary <input type="checkbox"/> Contingent <input type="checkbox"/>		Relationship to Acct Holder:	Percentage:
Name:		DOB:	SSN:
Primary <input type="checkbox"/> Contingent <input type="checkbox"/>		Relationship to Acct Holder:	Percentage:

Account Services Questionnaire:

Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> MMDA	Initial Deposit (if JN list full acct #):	If from self-list bank name:
Is more than one signature required for withdrawals on this account? <input type="checkbox"/> No <input type="checkbox"/> Yes How Many? _____		
Are you a frequent traveler? <input type="checkbox"/> No <input type="checkbox"/> USA <input type="checkbox"/> International (list countries) _____		
Do you expect to use this account for any of the following? Do you plan to make cash deposits of \$3,000 or more? <input type="checkbox"/> No <input type="checkbox"/> Yes Do you plan to make cash withdrawals of \$3,000 or more? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Check deposits of more than \$3,000 <input type="checkbox"/> Direct deposits – Source(s): _____ <input type="checkbox"/> Mobile Deposit Capture - estimated monthly amount \$ _____ <input type="checkbox"/> Regular Incoming Wires – Source: _____ <input type="checkbox"/> Regular Outgoing Wires – Destination: _____ <input type="checkbox"/> Regular Foreign Wires- Source _____		
Is this account for any Senior Political figure or a member of the family? <input type="checkbox"/> No <input type="checkbox"/> Yes	Will this account be used for marijuana, hemp, CBD, or any related activity? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Application Acknowledgement:

To the best of my knowledge, the information provided in this application is true and correct. I hereby authorize RG Bank to obtain any account verification information relating to this application from any source, including a consumer reporting agency.			
<i>Signature of IRS Owner</i>	<i>Date</i>	<i>Signature of Co-Owner</i>	<i>Date</i>

DEBIT CARD APPLICATION

I would like to apply for a debit card through my account at RG Bank. I agree that if I use my debit card or checking account, I will be subject to the terms and charges specified in the Account Agreement and Disclosures, which have been provided to me. I understand that this offer is for a Debit Card(s), which will automatically pay for purchases and cash advances, directly from my checking account. Such payments and cash advances are subject to the available balance of my checking account and any overdraft protection I may have. I certify that I am 18 years of age or older and that the information provided in my application is accurate.

Please note: Debit Cards typically arrive in the mail within 7-10 business days.

<i>Signature of IRS Owner</i>	<i>Date</i>	<i>Signature of Co-Owner</i>	<i>Date</i>

Last 6 digits of card: _____ **Last 6 digits of card:** _____
I the parent/guardian of _____ authorize a debit card to be issued in their name.
Parent/guardian signature _____ Date _____