



Consumer Checking Account

Account Opening Questionnaire

In order for Unity Bank to establish a deposit relationship with you, we are required to have a full understanding of your personal banking needs. Please complete the questionnaire and provide it to your Unity Bank Representative along with the requested documentation to better assist with the account opening process.

By providing this information, it will allow for further review and quick decisioning to determine if a deposit relationship can be established.

Instructions:

- One questionnaire per account
- Please complete the questionnaire in its entirety. Areas with an (*) are required

Created: 4/15/2020
Approved: 6/30/2020
Updated: 12/10/2020

Consumer Checking Account

Relationship Profile				
*Signer Information – 1				
Signer Name:				
Home Address:				
City:		State:		Zip: County:
Mailing Address:				
City:		State:		Zip: County:
DOB:		SSN:		
Cellular Ph. Number:		Home Ph. Number:		
Business Ph. Number:		Email Address:		
Mother's Maiden Name:		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:		Occupation:		
Are you involved in the government (an elected official)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What specific area of government?				
<input type="checkbox"/> Local <input type="checkbox"/> Regional (Domestic) <input type="checkbox"/> National (Domestic) <input type="checkbox"/> Foreign <input type="checkbox"/> N/A				
Who is your current bank? <input type="checkbox"/> Regional Bank <input type="checkbox"/> Community Bank <input type="checkbox"/> Credit Union				
<input type="checkbox"/> Other (Online Banks)				
Reason for leaving previous bank <input type="checkbox"/> Did not leave current bank <input type="checkbox"/> Location				
<input type="checkbox"/> Customer Service <input type="checkbox"/> Fees <input type="checkbox"/> Lack of Products <input type="checkbox"/> Rates				
Relationship Profile				
*Signer Information – 2				
Signer Name:				
Home Address:				
City:		State:		Zip: County:
Mailing Address:				
City:		State:		Zip: County:
DOB:		SSN:		
Cellular Ph. Number:		Home Ph. Number:		
Business Ph. Number:		Email Address:		
Mother's Maiden Name:		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:		Occupation:		
Are you involved in the government (an elected official)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What specific area of government?				
<input type="checkbox"/> Local <input type="checkbox"/> Regional (Domestic) <input type="checkbox"/> National (Domestic) <input type="checkbox"/> Foreign <input type="checkbox"/> N/A				
Who is your current bank? <input type="checkbox"/> Regional Bank <input type="checkbox"/> Community Bank <input type="checkbox"/> Credit Union				
<input type="checkbox"/> Other (Online Banks)				
Reason for leaving previous bank <input type="checkbox"/> Did not leave current bank <input type="checkbox"/> Location				
<input type="checkbox"/> Customer Service <input type="checkbox"/> Fees <input type="checkbox"/> Lack of Products <input type="checkbox"/> Rates				

Relationship Profile

***Signer Information – 3**

Signer Name:							
Home Address:							
City:		State:		Zip:		County:	
Mailing Address:							
City:		State:		Zip:		County:	
DOB:				SSN:			
Cellular Ph. Number:				Home Ph. Number:			
Business Ph. Number:				Email Address:			
Mother's Maiden Name:				US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:				Occupation:			
Are you involved in the government (an elected official)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
What specific area of government? <input type="checkbox"/> Local <input type="checkbox"/> Regional (Domestic) <input type="checkbox"/> National (Domestic) <input type="checkbox"/> Foreign <input type="checkbox"/> N/A							
Who is your current bank? <input type="checkbox"/> Regional Bank <input type="checkbox"/> Community Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Other (Online Banks)							
Reason for leaving previous bank: <input type="checkbox"/> Did not leave current bank <input type="checkbox"/> Location <input type="checkbox"/> Customer Service <input type="checkbox"/> Fees <input type="checkbox"/> Lack of Products <input type="checkbox"/> Rates							

Relationship Profile

***Signer Information – 4**

Signer Name:							
Home Address:							
City:		State:		Zip:		County:	
Mailing Address:							
City:		State:		Zip:		County:	
DOB:				SSN:			
Cellular Ph. Number:				Home Ph. Number:			
Business Ph. Number:				Email Address:			
Mother's Maiden Name:				US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:				Occupation:			
Are you involved in the government (an elected official)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
What specific area of government? <input type="checkbox"/> Local <input type="checkbox"/> Regional (Domestic) <input type="checkbox"/> National (Domestic) <input type="checkbox"/> Foreign <input type="checkbox"/> N/A							
Who is your current bank? <input type="checkbox"/> Regional Bank <input type="checkbox"/> Community Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Other (Online Banks)							
Reason for leaving previous bank: <input type="checkbox"/> Did not leave current bank <input type="checkbox"/> Location <input type="checkbox"/> Customer Service <input type="checkbox"/> Fees <input type="checkbox"/> Lack of Products <input type="checkbox"/> Rates							

*Account Information	
Account Title:	
Would you like the account title to be printed on bank documents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who referred you to Unity Bank? <input type="checkbox"/> Not referred by anyone	
Employee:	Other:
How much will you be opening the account with?	
What type of funds will you be using to open the account? <input type="checkbox"/> Cash <input type="checkbox"/> Transit Check <input type="checkbox"/> On Us Check <input type="checkbox"/> Internal Transfer <input type="checkbox"/> External Transfer	
Account Type:	
What will the account be used for? <input type="checkbox"/> Operating <input type="checkbox"/> Payroll <input type="checkbox"/> Escrow <input type="checkbox"/> Investment Account <input type="checkbox"/> Savings <input type="checkbox"/> Holdings <input type="checkbox"/> Expenses <input type="checkbox"/> Loan Auto Draft <input type="checkbox"/> Personal Use <input type="checkbox"/> Other	
Do you need a direct deposit form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will this account have a POD/ITF? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you need us to order you checks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Anticipated Activity (based on monthly dollar average)	
Average Cash Deposit \$ Amount:	
Average Cash Withdrawal \$ Amount:	
Average Check Deposit \$ Amount:	
Average Checks Written \$ Amount:	
ACH – automatic credits and deductions from your account = payroll deposits, electric bill payments, etc....	
Average Recurring ACH Credit \$ Amount:	
Average Recurring ACH Debit \$ Amount:	
Average Internet/Phone ACH Credit \$ Amount:	
Average Internet/Phone ACH Debit \$ Amount:	
Average International ACH Credit \$ Amount:	
Average International ACH Debit \$ Amount:	
Anticipated Wire Activity (based on monthly average)	
Anticipated #of Domestic Wires:	
Average \$ Domestic Wire Credit:	
Average \$ Domestic Wire Debit:	
Anticipated # International Wires	
Average \$ International Wire Credit:	
Average \$ International Wire Debit:	

Forms of Identification (ID)

Two forms of ID are required for each signer. One of those must be from the primary column below

Primary ID	Secondary ID
Unexpired State Driver's License with photo	Unexpired local employee ID card with photo
Unexpired State ID card with photo and signature	Unexpired Student ID card with photo and school year
Valid US government or military ID with photo, signature, physical description and expiration date	Current Utility or Cable Bill issued within the last 90-days
Unexpired US Passport with picture	Unexpired Credit/Debit Card
Unexpired US Alien registration card (Green Card)	Original Birth Certificate with raised seal
Armed Forces Photo ID Card	Tax Bill

Preparer Information

I hereby state that the information above is true, to the best of my knowledge. I also confirm the information here is both accurate and complete and relevant information has not been omitted.

Preparer Printed Name:	
Preparer Signature:	
Date Completed:	

Branch Use Only

Received By:			
Date Received:			
CIP Information Received: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Account Opened:	
Account Opened By:			
Opening Amount:			
Source of Funds:			
Account #	CRM ID#		Port #