

Consumer Deposit Account Application



1964 W. Wayzata Blvd
Long Lake, MN 55356
952-473-7347

580 Fifth Avenue NW, Suite 120
New Brighton, MN 55112
952-475-5843
(Loan and Deposit Production Office)

www.lcbankmn.com

Important information about the 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 or apply for an account, we will ask you your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Expected Account Activity

Credit Transactions	Debit Transactions
<input type="checkbox"/> Cash Deposits	<input type="checkbox"/> Cash Withdrawals
<input type="checkbox"/> Direct Deposit (ACH)	<input type="checkbox"/> Direct Debits (ACH)
<input type="checkbox"/> Person-to Person (P2P) Transactions	<input type="checkbox"/> Person-toPerson (P2P) Transactions
<input type="checkbox"/> Mobile Deposit Capture	<input type="checkbox"/> ATM Withdrawals
<input type="checkbox"/> ATM Deposits	<input type="checkbox"/> Debit Card or Linked POS Debits
<input type="checkbox"/> Incoming Wire Transfers	<input type="checkbox"/> Outgoing Wire Transfers

I am interested in the following additional products or services*:

- Online Banking
 Mobile Banking/Deposit
 Bill Payment
 Person-2-Person Payment
 (Debit) Card Valet Protection
 Automatic Savings Plan
 Overdraft Protection Line
 Credit Card

I understand that I am required to provide true and correct information. I further understand that you may obtain information from a Credit Reporting Agency regarding my credit history and other account related information. By signing this application I authorize you to obtain and use information provided by credit reporting agency of your choosing.

APPLICANT 1	
Name:	
Physical Address:	
Mailing Address (if different):	
SSN:	Date of Birth:
Driver's License #:	State of Issue:
Driver's License Issue Date:	Expiration Date:
Email:	
Cell Phone:	Secondary Phone:
Employer:	Occupation:
Signature:	Date:

Bank Use Only	
Verification	Initials
Address	
DL	
Passport	
Other	
Deluxe Detect	
OFAC	
Notes	

* We may request additional documentation from you regarding these products and services. A separate application/approval may be required.

APPLICANT 2	
Name:	
Physical Address:	
Mailing Address (if different):	
SSN:	Date of Birth:
Driver's License #:	State of Issue:
Driver's License Issue Date:	Expiration Date:
Email:	
Cell Phone:	Secondary Phone:
Employer:	Occupation:
Signature:	Date:

Bank Use Only	
Verification	Initials
Address	
DL	
Passport	
Other	
Deluxe Detect	
OFAC	
Notes	

APPLICANT 3	
Name:	
Physical Address:	
Mailing Address (if different):	
SSN:	Date of Birth:
Driver's License #:	State of Issue:
Driver's License Issue Date:	Expiration Date:
Email:	
Cell Phone:	Secondary Phone:
Employer:	Occupation:
Signature:	Date:

Bank Use Only	
Verification	Initials
Address	
DL	
Passport	
Other	
Deluxe Detect	
OFAC	
Notes	

APPLICANT 4	
Name:	
Physical Address:	
Mailing Address (if different):	
SSN:	Date of Birth:
Driver's License #:	State of Issue:
Driver's License Issue Date:	Expiration Date:
Email:	
Cell Phone:	Secondary Phone:
Employer:	Occupation:
Signature:	Date:

Bank Use Only	
Verification	Initials
Address	
DL	
Passport	
Other	
Deluxe Detect	
OFAC	
Notes	

Bank Use Only
Does the customer live/work within 50 miles of the branch location?
Is the customer a political figure, a member of a political figure's immediate family and/or a close associate of a political figure (Domestic)?
Is the customer a U.S. Citizen?
If the customer is not a U.S. Citizen, indicate whether the customer is a Resident Alien or Non-Resident Alien.
Is the customer a member of the U.S. Armed Forces?
Is the customer an employee or vendor of a marijuana business?

Notes	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
__ RA __ NRA	
<input type="checkbox"/>	
<input type="checkbox"/>	

BSA Officer Use Only:

All required info complete Documentary Verification Proper/Complete Risk: H M L