

American Bank
New Account Opening Form

Completed forms can be emailed to relationshipbankers@americanbankbd.com or mailed to American Bank, Attn.: New Accounts, PO Box 438, Beaver Dam, WI 53916.

Name: _____

Social Security #: _____

What type of account would you like to open (circle all that apply):

Checking Savings Certificate IRA/HSA

Are you currently an American Bank customer?

_____ Yes, please skip to section 5

_____ No, please begin with section 1

Section 1: Personal Information

Street Address City State Zip

Phone Email Address Mothers Maiden

Date of Birth Drivers License # Issue Date Expiration Date

Occupation Employer

Are you a US Citizen?

Section 2: Joint Owner

Street Address City State Zip

Phone Email Address Mothers Maiden

Date of Birth Drivers License # Issue Date Expiration Date

Occupation Employer

Section 3: Account Services

Will either account owner use any of the following services?

Make deposits or cash withdrawals over \$5,000? Yes or No

Purchase cashiers checks, money orders, gift cards, etc.? Yes or No

Receive/send direct deposit items (US)? Yes or No

Receive/send direct deposit items (Foreign)? Yes or No

Receive/send wire transfers (US)? Yes or No

Receive/send wire transfers (Foreign)? Yes or No

Will American Bank be your only bank? Yes or No

Are all account holders US Citizens?

Yes or No

Section 4: Trust

Name of Trust

Date of Trust

Trust Tax ID Number

Trustee Name

Trustee Social Security Number

Street Address

City

State

Zip

Trustee Name

Trustee Social Security Number

Street Address

City

State

Zip

Section 5: Debit Card

Would you like to order a debit card for your account?

Yes

Yes - Joint Owner

No, skip to section 5

I would like to sign up for text alerts (to be used when potential fraud is detected)

Phone number for text alerts

Section 6: Checks

Would you like to order checks for your account?

Yes, complete section below

No, skip to section 6

Information to put on checks:

Name

Address

Phone Number

Drivers License #

Check Design _____

Duplicate or Wallet (circle one)

Design Choices:

Blue Safety

Yellow Safety

Blue Marble

Green Marble

Antique (Tan)

Eagle

Monarch Butterfly

Country Barn

Seaside

Antlers (Deer)

Section 7: Electronic Access

I would like to enroll for the following:

Online Banking (required to access the app or eStatements)

Mobiliti (App)

eStatements

_____ Bill Pay

Section 8: Beneficiary (for IRA and HSA Accounts ONLY)

Number of primary beneficiaries _____
Number of contingent beneficiaries _____

Are you married?
_____ Yes
_____ No

Will your spouse be your primary beneficiary?
_____ Yes
_____ No

Please provide the following for all beneficiaries (attach additional pages as needed):

First Name Middle Initial Last Name

Social Security # Date of Birth

Percentage Primary or Contingent (circle one)

First Name Middle Initial Last Name

Social Security # Date of Birth

Percentage Primary or Contingent (circle one)

First Name Middle Initial Last Name

Social Security # Date of Birth

Percentage Primary or Contingent (circle one)