

ATM/Debit or Check Card Option

Would you like a Campus Bank Card? (Your Student ID and ATM/Debit Card in one) ☐ Yes ☐ No

Would you like a Check Card? ☐ Yes ☐ No

IMPORTANT: You must have a U.S. Bank checking account to receive an ATM/Debit Card or Check Card. Only your primary checking account can be accessed for purchases at retail locations.

Expanded Account Access: By submitting this application, I request that (a) any card or PIN issued or selected by me under this application will access multiple checking, savings, line of credit and credit card account(s) in my name at U.S. Bank or any of its bank affiliates; (b) any account opened under this application may be accessed by any card(s) or PIN(s) that I have selected or that has been issued to me in the future be selected by me or issued to me by U.S. Bank or any of its bank affiliates. "Access" means use of a card or account number and PIN to conduct a transaction or obtain information at ATMs or via telephone, personal computer banking, or any other available method. There are no additional fees or charges for expanded account access. The fees and terms disclosed for each account apply. I understand that at U.S. Bank ATMs this expanded account access may be available for up to five checking, five savings, and five line of credit or credit card accounts, and that other methods of access, other limitations may apply.

S.T.A.R.T. Your Savings Plan

S.T.A.R.T. Savings Today And Rewards Tomorrow® Savings Program – With a U.S. Bank Silver, Gold or Platinum Checking account and a Package Money Market Savings you can enroll in S.T.A.R.T. By signing up, you can schedule your S.T.A.R.T. transfer and begin saving today. See S.T.A.R.T. Program Agreement for complete program details.

Would you like to enroll in S.T.A.R.T.? ☐ Yes ☐ No

Set up recurring transfers from your checking account to your savings account (choose one or more options):

- ☐ Transfer \$ _____ on _____
- ☐ Transfer \$ _____ with each check card purchase
- ☐ Transfer \$ _____ with each credit card purchase

For Bank Use Only

Account Number(s) _____

Important 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 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 your driver's license or other identifying documents.

Applicant(s) Statement: By submitting this application, I understand and agree that you may obtain additional credit information about me, including requesting information from a credit reporting agency and verifying my employment history.

Certification (not applicable to international students completing Form W-8BEN): Under penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2) I am a U.S. citizen or other U.S. person, and 3) I am not subject to backup withholding because: I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and 4) I am exempt from FATCA reporting.

Certification Instructions: You must cross out item 3 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 3 does not apply.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The bank is hereby authorized to recognize the signature(s) subscribed below in the payment of funds or the transaction of any business for this account. All transactions shall be governed by applicable laws and the bank's terms (copy acknowledged as received herewith) that pertain to the type of account and style of ownership indicated on this card. Upon the request of the bank, any consumer reporting agency is hereby instructed to furnish a consumer report relating to the undersigned to the bank. Refer to resolution file for authorization of signatures where authorization is required. By signing this signature card, you are also acknowledging your express consent to the terms and conditions in your applicable account agreement, including but not limited to our policies on funds availability and our cellular phone contact policy.

Minnesota Customers ONLY

State of Minnesota Confirmation: The applicant/applicants confirm(s) that he/she has not been convicted of a criminal offense involving the use of a check or similar item within 24 months immediately preceding the application for this account.

I hereby acknowledge all information given is accurate to the best of my knowledge.

Signature _____ Date _____

Signature Co-Applicant _____ Date _____

ATM and Check Card Overdraft Coverage

Would you like to choose ATM and Check Card Overdraft Coverage for your account?

☐ Yes ☐ No

Initial below to acknowledge that you received written information about your choice to say Yes or No to ATM and Check Card Overdraft Coverage.

Applicant Initials _____

All of  serving you®

 branch  usbank.com  800.US BANKS (872.2657)

Member FDIC 130176

usbank.

U.S. Bank Checking/Savings Application for Missouri Western State University

page 1/2

Choose One:

☐ Individual Account

☐ Joint Account

Applicant

First Name	Middle Initial	Last Name	Date of Birth	Soc. Sec. #	Mother's Maiden Name
Address		City	State	Zip	# Years Present Address
()		()			
Home Phone		Mobile Phone	E-mail Address		
()					
Employer	# Years at Employer	Occupation	Business Phone		
Type of Government Issued ID		ID Number	State/Country of Issue	Issue Date	Exp. Date

Co-Applicant

First Name	Middle Initial	Last Name	Date of Birth	Soc. Sec. #	Mother's Maiden Name
Address		City	State	Zip	# Years Present Address
()		()			
Home Phone		Mobile Phone	E-mail Address		
()					
Employer	# Years at Employer	Occupation	Business Phone		
Type of Government Issued ID		ID Number	State/Country of Issue	Issue Date	Exp. Date

For Bank Use Only

Account Number(s)

Student ID Number

Product(s) Opened

Missouri Western State University/002490

Event Location/Segment Code

Application Taken By (Print Name)

Date Application Taken