

Account Agreement

Date: _____

Institution Name & Address	
Vision Bank 101 East Main Street PO Box 669 Ada, OK 74821	

Owner/Signer Information 1	
Name	
Relationship	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer	
Previous Financial Inst.	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

Ownership of Account	
The specified ownership will remain the same for all accounts.	
<input type="checkbox"/> Individual <input type="checkbox"/> Joint with Survivorship (not as tenants in common) <input type="checkbox"/> Joint with No Survivorship (as tenants in common)	
<input type="checkbox"/> Sole Proprietorship or Single Member LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLC-enter tax classification (<input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership) <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> _____ <input type="checkbox"/> Trust-Separate Agreement Dated: _____ <input type="checkbox"/> _____	

Beneficiary Designation	
<i>(Check appropriate ownership above.)</i>	
<input type="checkbox"/> Revocable Trust <input type="checkbox"/> Pay-On-Death (POD) <input type="checkbox"/> _____	

Beneficiary Name(s), Address(es), and SSN(s)	
<i>(Check appropriate beneficiary designation above.)</i>	

Distributions from POD accounts shall be consistent with 6 Okl. St. 901 for banks and 18 Okl. St. 381.39a for savings associations.

Internal Use	
Account Title & Address	

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

Signature(s)	
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:	
<input checked="" type="checkbox"/> Terms & Conditions	<input checked="" type="checkbox"/> Truth in Savings <input checked="" type="checkbox"/> Funds Availability
<input checked="" type="checkbox"/> Electronic Fund Transfers	<input checked="" type="checkbox"/> Privacy <input checked="" type="checkbox"/> Substitute Checks
<input type="checkbox"/> Common Features	<input type="checkbox"/> _____

Authorized Signer (See Owner/Signer Information for Authorized Signer Designation(s).)

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

(1):	[X]	I.D. # _____ D.O.B. _____
(2):	[X]	I.D. # _____ D.O.B. _____
(3):	[X]	I.D. # _____ D.O.B. _____
(4):	[X]	I.D. # _____ D.O.B. _____

Owner/Signer Information 2	
Name	
Relationship	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer	
Previous Financial Inst.	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

Owner/Signer Information 3	
Name	
Relationship	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer	
Previous Financial Inst.	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

Owner/Signer Information 4	
Name	
Relationship	
Address	
Mailing Address (if different)	
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	
Other ID (description, details)	
Employer	
Previous Financial Inst.	
E-Mail	
Work Phone	
Home Phone:	Mobile Phone:
Birth Date:	SSN/TIN:

Important Account Opening Information. Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Non-Individual Owner Information	
Name	
State/Country & Date of Organization	
Nature of Business	
Address	
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	
E-Mail	
Phone	

Account Description	Account #	Initial Deposit/Source
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> _____

Services Requested	
<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/> IB*	<input type="checkbox"/> CHECKS
<input type="checkbox"/> ESTMTS	<input type="checkbox"/> _____

Backup Withholding Certifications	
(If not a "U.S. Person", certify foreign status separately)	
<input checked="" type="checkbox"/> By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).	
<input checked="" type="checkbox"/> Taxpayer I.D. Number - TIN: _____ The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> Backup Withholding. I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	
<input type="checkbox"/> Exempt Recipients. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____	
FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	

Other Terms/Information	