



Account #:
Card #:
Banker Initials:

PERSONAL ACCOUNT APPLICATION

Signer 1

Legal Name		Ownership	
Check if Existing Customer:			
Physical Address		City	State Zip
Mailing/Alternate Address		City	State Zip
Previous Address(if less than 2 years at current address)		City	State Zip
Home Phone		Cell Phone	
Social Security Number	Date of Birth	Email	
DL #	DL State	DL Issued	DL Exp
Current Employer	Occupation		Phone #
Employer Address		City	State/Zip
Purpose of Account	How did you hear about Flagship Bank?		
Prior Banking Relationship/Bank Name	City/State		

Signer 2

Legal Name		Ownership	
Check if Existing Customer:	Check if Physical Address same as first applicant:		
Physical Address		City	State Zip
Mailing/Alternate Address		City	State Zip
Previous Address(if less than 2 years at current address)		City	State Zip
Home Phone		Cell Phone	
Social Security Number	Date of Birth	Email	
DL #	DL State	DL Issued	DL Exp
Current Employer	Occupation		Phone #
Employer Address		City	State/Zip

Designate Beneficiary(ies)

Name	Address	Date of Birth	SSN
Name	Address	Date of Birth	SSN
Name	Address	Date of Birth	SSN

Add POD Designation to all the accounts listed on application

Add POD Designation to account number

Additional Products/Services

	Debit Card- Daily Dollar Limit: POS \$1,000/ATM \$309-	Signer 1	Signer 2		Overdraft Protection
	Online Banking				Credit Card
	Mobile Banking				Enroll in Electronic Statements

As a full service bank, we are committed to providing our customers with financial products and services that meet their complete financial needs. To assist us with determining whether the products and services you have selected are appropriate, please provide the following information:

Anticipated Account Activity (estimate based on one month statement)

	Total Expected Monthly Credit	Total Expected Monthly Debit
Cash	\$	\$
Checks	\$	\$
RDC/Mobile Deposit	\$	N/A
ACH	\$	\$
Domestic Wires	\$	\$
Foreign Wires	\$	\$

Transaction Account Application Disclosure

Minnesota law requires the following information to be provided by one applicant if this is a transaction account.

Have you had a transaction account closed by a bank/credit union without your consent within 12 months before making this application?

Yes No Reason:

Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months of making this application?

Yes No

By signing this document, I authorize Flagship Bank to verify all information provided, and, to obtain additional information regarding my personal financial history from a consumer-reporting agency or agencies and/or other financial institutions. I understand that this information will only be used in conjunction with Flagship Bank products and services requested by me and that it will remain in force for the duration of my association.

I certify that the information provided by me is true and correct to the best of my knowledge. An applicant supplying a false material statement that is believed not to be true with respect to information requested on the application is guilty of perjury.

Signature(s)

Sign	Date
Sign	Date