



CAPITAL BANK

Personal Information Sheet

Please complete form and bring to Capital Bank

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 two forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide us is protected by our Privacy Policy and Federal Law.

Checking Account: ___ Savings Account: ___ Money Market Account: ___ Interest Checking: ___ Other: ___

Individual: ___ Joint: ___ Trust: ___ CAUTMA: ___ Estate: ___ Informal Trust(POD/ITF): ___ Other: ___

PRIMARY ACCOUNT HOLDER INFORMATION:

First Name _____ Middle Initial _____ Last Name _____

Birth Date _____ SSN _____ Mother's Maiden Name _____

DL # _____ State Issued _____ Issue Date _____ Expires _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Physical Address _____

Mailing Address _____

E-mail Address _____

Employer Name & Address _____
(If Retired, from what?) _____

Previous Financial Institution _____

Referred By _____

*If you would like the account to be vested in the name of your Trust, please provide the following information.
We may need additional documentation regarding your Trust.*

Trust Name _____

Trust Dated _____

Names of Trustees _____

ADDITIONAL ACCOUNT HOLDER INFORMATION:

First Name _____ Middle Initial _____ Last Name _____

Birth Date _____ SSN _____ Mother's Maiden Name _____

DL # _____ State Issued _____ Issue Date _____ Expires _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Physical Address _____

Mailing Address _____

E-mail Address _____

Employer Name & Address _____
(If Retired, from what?) _____

First Name _____ Middle Initial _____ Last Name _____

Birth Date _____ SSN _____ Mother's Maiden Name _____

DL # _____ State Issued _____ Issue Date _____ Expires _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Physical Address _____

Mailing Address _____

E-mail Address _____

Employer Name & Address _____
(If Retired, from what?) _____

ADDITIONAL ACCOUNT INFORMATION REQUESTED:

1. Will you be receiving direct deposits of payroll or government payments? ___ Yes ___ No
2. Will you be allowing certain vendors access to debit your account via ACH? ___ Yes ___ No
3. Will you be sending or receiving Wire Transfers? ___ Yes ___ No
 - a. If yes, will the Wire Transfers be Foreign/International? ___ Yes ___ No
4. Do you anticipate depositing or withdrawing large amounts of cash? ___ Yes ___ No
 - a. If yes, please estimate the amounts and frequency of the deposits/withdrawals:
Specify Deposits, Withdrawals or Both: _____
Estimated Dollar Volumes: _____
Estimated Frequency of High Cash Transactions: _____
5. Would you like to order an ATM or VISA Debit card for this account? ___ Yes ___ No
6. Would you like access to our Online Banking service? ___ Yes ___ No
(Includes Free Bill Payment and Transfers)

Capital Bank thanks you for supplying this additional information in order to better understand your banking needs and to provide you with excellent Customer Service.

BANK USE:

Information Verified By: _____

Date: _____