

# Signature Card

Please print out, fill out completely, and mail to address on the bottom of this page. (print clearly)

Account Type: \_\_\_\_\_

**Account Information:**

**Account Owner #1:**

**Account Owner #2:**

Full Name: \_\_\_\_\_

\_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_

Primary Phone: \_\_\_\_\_

\_\_\_\_\_

SSN/TIN: \_\_\_\_\_

\_\_\_\_\_

Driver's License # and Exp Date: \_\_\_\_\_

\_\_\_\_\_

Birthplace & Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

\_\_\_\_\_

*If there is more than two names on the account, please list the above information for each additional person on the back of this form.*

**Account Numbers:**

Stearns Bank N.A. - St. Cloud: \_\_\_\_\_ Albany: \_\_\_\_\_

Arizona: \_\_\_\_\_

Stearns Bank Holdingford N.A.: \_\_\_\_\_

Stearns Bank Upsala N.A.: \_\_\_\_\_

**Agreement.** In this agreement, "we" means each and all of those who sign below. "You" and "your" mean the financial institution. We agree to the Truth in Savings, Deposit Account Agreement and Disclosure, the Time Certificate of Deposit Agreement (if it applies), the Rate and Fee Schedule, the Funds Availability Policy Disclosure, and the Electronic Funds Transfer Agreement and Disclosure as received electronically if applicable. We also agree to all of your changes to those disclosures from time to time electronically. The Authorized Signer(s) understand(s) accounts opened after 3:00 PM are dated effective the next business day.

**Backup Withholding Certification:** Under penalty of perjury, by my signature below on this signature card, I certify that (1) The number shown is my correct taxpayer Identification number (TIN), (2) I am not subject to back-up withholding either because I have not been notified that I am subject to back-up withholding as a result of a failure to report all interest or dividends or the Internal Revenue Service (IRS) has notified me that I am no longer subject to back-up withholding (3) I am a U.S. person (including a U.S. resident alien).

**Signature(s)**

**Date:**

1 \_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_

4 \_\_\_\_\_

\_\_\_\_\_

**Optional Provision:**

The following persons are designated as Payable-on-Death beneficiaries (print clearly): \_\_\_\_\_

**Mailing Instructions:**

Stearns Bank

Attn: New Accounts

PO Box 7338

St Cloud, MN 56302-7338