



# EASY SWITCH FOR INDIVIDUAL/JOINT ACCOUNTS

## Account Information:

**Individual Account Holder Information** (Please complete the following for Individual Accounts)

Name		Social Security Number
Street Address		
City, State, Zip		
Mailing Address (if different)		
Home Phone	Work Phone	
Email Address		
Driver's License Number	Issue Date	Exp. Date
Secondary ID Type	Last 4 digits	Exp. Date
Date of Birth	Place of Birth	
Mother's Maiden Name		
Employer	Position	

**Joint Account Holder Information** (Please provide the following information, required for Joint Accounts)

Name		Social Security Number
Street Address		
City, State, Zip		
Mailing Address (if different)		
Home Phone	Work Phone	
Email Address		
Driver's License Number	Issue Date	Exp. Date
Secondary ID Type	Last 4 digits	Exp. Date
Date of Birth	Place of Birth	
Mother's Maiden Name		
Employer	Position	

Check mark here if the account will be in a trust (Trustee certification required).

*Now, with this completed we can get your signature cards ready!*

**Account Preferences:** Please indicate any additional personal services you are interested in.

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Checking Account         | <input type="checkbox"/> Home Equity LOC  | <input type="checkbox"/> Individual Retirement Accounts | <input type="checkbox"/> Credit Card     |
| <input type="checkbox"/> Certificates of Deposits | <input type="checkbox"/> Debit Card       | <input type="checkbox"/> Health Savings Accounts        | <input type="checkbox"/> Savings Account |
| <input type="checkbox"/> Money Market Account     | <input type="checkbox"/> Internet Banking |   |  |

**Source of Funds:**

- |                               |  |  |
|-------------------------------|--|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Internal Transfer | <input type="checkbox"/> Other Financial Institution _____ |
| <input type="checkbox"/> Wire | <input type="checkbox"/> Other _____       | Opening Amount \$ _____                                    |

**Important Information**

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 does this mean for you?* When you open an account we'll ask for your name, address, date of birth, and other information that allows us to identify you. We may also ask to see your driver's license or other identifying documents.

1<sup>st</sup> Capital Bank will perform an account verification through Chex Systems based on the information you provided prior to opening your accounts.

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Telephone (831) 264-4070

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