



301-652-0700 • 800-383-6266 • fax 301-951-3582 • [www.presidential.com](http://www.presidential.com)

Presidential Bank  
ATTN: New Accounts  
4520 East-West Highway  
Bethesda, MD 20814

## Internet Account Application

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### Instructions

- Please complete the 4 page form below and follow the instructions for each section.
- Mail this form, along with your initial deposit, to the above address.
- Your email address is required for all Internet Account Applications.
- Asterisk (\*) next to the field indicates it is required.

**Important Account Opening Information:** Federal law requires us to obtain sufficient information about 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.

### \*Internet Account Type

Choose Only One Account (one account per application). Not for Commercial Accounts

Checking Plus

Internet Checking

CD Term:

Money Market

Statement Savings

Premier Savings

Regular Checking

Note: Checking Plus requires a monthly electronic direct deposit of at least \$200 from payroll, Social Security, Annuity or Pension and has a higher yield than Internet Checking, which has no direct deposit requirement. CD terms are 30, 60, 90, 182 days, 1 year, 2 years or 5 years.

### \*Initial Deposit

Please provide us with your initial deposit amount.

Amount: \$ \_\_\_\_\_ Check enclosed Transfer from my existing account# \_\_\_\_\_

### \*Account Ownership

Choose only one Account Ownership

Individual

Custodial (Uniform Transfer to Minor Act) (Savings and CD's Only)

Joint with Survivorship

Trust (Copy of Separate Trust Agreement Required)

Sole Proprietor Title: \_\_\_\_\_

If the account is a trust, please provide the date, Title and Tax ID (if applicable) of the trust.

Date: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_\_, Title: \_\_\_\_\_

Tax ID: \_\_\_\_\_

### Account Owner/Signer Information – Customer #1 (Tax Reported Owner)

Note: For Custodial Accounts, Minors are listed as Customer #1 but do not have signing Authority. Custodian(s), Customer # 2 (and # 3), will be the signer(s) on UTMA accounts.

\* Mr. Ms. Mrs. First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

\* Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\* Date of Birth: (MMDDYYYY) Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

\* Social Security / Tax ID No.: \_\_\_\_\_

\* Drivers License / State ID Number: \_\_\_\_\_ License / ID State: \_\_\_\_\_

\* Home/Physical Address (P.O. Box Not Allowed): \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address if different from Home Address:

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_ Zip Code: \_\_\_\_\_

\* Employer: \_\_\_\_\_ \* Occupation: \_\_\_\_\_

(If not working, enter "retired", "unemployed", "self-employed", etc.)

(If not working, enter your last occupation)

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## Account Owner/Signer Information – Customer #2

Other Check if this signer is other than an owner (Circle One: Custodian, Guardian, Conservator, Power of Attorney) Original Documents Required for Guardian's, Conservator's or POA's

\* Mr. Ms. Mrs. First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_  
\* Email Address: \_\_\_\_\_  
\* Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\* Date of Birth: (MMDDYYYY) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
\* Social Security / Tax ID No.: \_\_\_\_\_ \* Relationship to Customer #1: \_\_\_\_\_  
\* Drivers License / State ID Number: \_\_\_\_\_ License / ID State: \_\_\_\_\_  
\* Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\* Employer: \_\_\_\_\_ \* Occupation: \_\_\_\_\_  
(If not working, enter "retired", "unemployed", "self-employed", etc.) (If not working, enter your last occupation)

## Account Owner/Signer Information – Customer #3

Other Check if this signer is other than an owner (Circle One: Custodian, Guardian, Conservator, Power of Attorney) Original Documents Required for Guardian's, Conservator's or POA's

\* Mr. Ms. Mrs. First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_  
\* Email Address: \_\_\_\_\_  
\* Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\* Date of Birth: (MMDDYYYY) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
\* Social Security / Tax ID No.: \_\_\_\_\_ \* Relationship to Customer #1: \_\_\_\_\_  
\* Drivers License / State ID Number: \_\_\_\_\_ License / ID State: \_\_\_\_\_  
\* Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\* Employer: \_\_\_\_\_ \* Occupation: \_\_\_\_\_  
(If not working, enter "retired", "unemployed", "self-employed", etc.) (If not working, enter your last occupation)

## Account Owner/Signer Information – Customer #4

Other Check if this signer is other than an owner (Circle One: Guardian, Conservator, Power of Attorney) Original Documents Required for Guardian's, Conservator's or POA's

\* Mr. Ms. Mrs. First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_  
\* Email Address: \_\_\_\_\_  
\* Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\* Date of Birth: (MMDDYYYY) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
\* Social Security / Tax ID No.: \_\_\_\_\_ \* Relationship to Customer #1: \_\_\_\_\_  
\* Drivers License / State ID Number: \_\_\_\_\_ License / ID State: \_\_\_\_\_  
\* Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\* Employer: \_\_\_\_\_ \* Occupation: \_\_\_\_\_  
(If not working, enter "retired", "unemployed", "self-employed", etc.) (If not working, enter your last occupation)

## Beneficiary Designation (Name(s), Address and SSN)

Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_

All beneficiaries are considered primary unless noted next to the name "Contingent Beneficiary". Funds are distributed equally. Beneficiaries are not applicable for Trust Accounts unless designated within the trust document.

# Internet Account Application

## \*Signature Card - TIN/Backup Withholding

Please provide Tax ID, Sign and Date below:

**Reporting TIN:** \_\_\_\_\_

**Important: Under penalties of perjury, I certify that the number shown above is my correct taxpayer identification number, I am a U.S. person (including U.S. resident alien), and that (check appropriate box):**

**I am not subject to backup withholding, because I am exempt from backup withholding, or because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding.**

**I am subject to backup withholding. (Percentage of interest will be withheld)**

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

Cardholder Agreement: The card (ATM/VISA<sup>®</sup> Check Card) is the property of Presidential Bank and is subject to cancellation at any time.

I will be assigned a Personal Identification Number (PIN). At no time will I reveal or make available directly or indirectly, the PIN to any other person.

Any loss or theft of the card and/or PIN and errors/unauthorized transactions will be promptly reported to Presidential Bank at 1-800-383-6266.

All deposit transactions are credited subject to verification and final collection of payment.

Use of the card is subject to the banks disclosures as now in force and hereafter amended. Not all Accounts/Signers are eligible for a card.

**ALL AUTHORIZED SIGNERS MUST SIGN BELOW:**

The undersigned hereby applies to Presidential Bank, FSB (the Bank) to open the account described above. I/we have reviewed the Bank's Deposit Account Rules and Regulations, Account Portfolio, Fee Schedule, Check Hold Policy, Electronic Funds Transfer Act Disclosure & Agreement and Privacy Policy and agree to be bound by their terms. For income tax reporting purposes, the Bank will assign income earned on this account to the social security number or taxpayer identification number designated as customer #1 or Trust Tax ID in the application. All accounts are subject to review and final approval by the Bank. I/we agree that the Bank may obtain employer references and credit reports when deemed appropriate for purposes of account acceptance.

<b>Signature 1</b>	<b>Date</b>	mm/dd/yyyy	<b>Signature 2</b>
<b>Signature 3</b>	<b>Signature 4</b>		

## ATM/VISA<sup>®</sup> Check Card Additional Information

If you checked **YES** to wanting an ATM/VISA<sup>®</sup> Check Card, please provide the following additional information for each customer who wants an ATM/VISA<sup>®</sup> Check Card. If any of the applicants are a current Presidential ATM/VISA<sup>®</sup> Check Card Holder, we will add the new account to your existing ATM/VISA<sup>®</sup> Check Card.

Would Like an ATM Card

Would like a VISA<sup>®</sup> Check Card

	Customer 1		Customer 2		Customer 3		Customer 4	
<b>Customer Name</b>								
<b>Would like a Card?</b>	Yes	No	Yes	No	Yes	No	Yes	No
<b>Are you a current cardholder?</b>	Yes	No	Yes	No	Yes	No	Yes	No
<b>If you are a current cardholder, please provide name and card number as shown on card (required information). This account will be linked to your existing card unless a separate card is requested.</b>								
Name on Card:								
Card Number:								

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## Additional Services

Note: Email Deposit Receipt Notifications are standard with all Internet Accounts.

Yes, I want my 20 free checks (Applies to Internet Checking and Checking Plus Accounts only. Money Market accounts receive free checks).  
Regular Checking Accounts: After you receive notification that your account is opened via US Mail, please contact our Customer Service Center at 1-800-383-6266 to order checks. You can also order online within Personal Online Banking once the account is opened. Check printing charges vary by style and fees will be electronically debited from your account.

Yes, I want an ATM or Visa® Check Card and/or I want to add this account to my existing ATM or Visa® Check Card. Please complete the ATM/Visa® Check Card section on page 4 of this application.

[Fax Authorization Form](#) (i.e. Wire funds via faxed request). If checked, Fax Authorization Form must be completed, signed and returned with this application.

**We've Gone Green!** Online statements are standard with all transactional accounts opened online or via mailed in application. You may view, print and save your Online Historical Statements and Check/Deposit images using Personal Online Banking.

Select this box only to receive mailed paper statements in addition to electronic statements. By clicking here, you will receive a monthly paper statement with check images.

[Automatic Overdraft Transfer Authorization Form](#) (protect one account from overdrafts by drawing funds from your other account at Presidential). If checked, Automatic Overdraft Transfer Authorization Form must be completed, signed and returned with this application.

Email Deposit Notifications are standard with all Internet Accounts. Upon receipt of a deposit to your account, we will send you a message. No personal account or transactional information is sent – use Personal Online Banking to get the details. The email address identified here is the email address that will receive this notification; otherwise, Customer # 1 email address will be used.

Email CD maturity notifications, if applicable, are standard with all Internet CD's, excluding 30day certificates. We will continue to generate and mail paper maturity notices to CD customers approximately 30 days prior to renewal.

## Comments

## How did you hear about Presidential Bank?

Family/Friend \_\_\_\_\_

Website \_\_\_\_\_

Washington Post Ad

Online Ad \_\_\_\_\_

Other Print Ad \_\_\_\_\_

Bank Staff Referral

Search Engine \_\_\_\_\_

I am a current customer

Radio \_\_\_\_\_

Direct Mail

Other \_\_\_\_\_