



In your best interest.

QUAINT OAK BANK

Our Family of Companies Banking | Real Estate | Mortgage | Insurance

Deposit Account Application & Signature Card

Primary Account Holder			Date of Birth		Secondary Account Holder Name			Date of Birth	
<input type="checkbox"/> Individual <input type="checkbox"/> Minor <input type="checkbox"/> Business Entity					<input type="checkbox"/> Joint <input type="checkbox"/> In Trust For <input type="checkbox"/> Custodian <input type="checkbox"/> Authorized Signer				
Tax ID (SSN/EIN)					Tax ID (SSN/EIN)				
Address (No. & Street)			APT Number		Address (No. & Street)			APT Number	
City		State	Zip		City		State	Zip	
Home Telephone:		Occupation			Home Telephone:		Occupation		
		<input type="radio"/> Active <input type="radio"/> Retired					<input type="radio"/> Active <input type="radio"/> Retired		
Mobile Number:		Occupation/Job Title (If retired, prior occupation)			Mobile Number:		Occupation/Job Title (If retired, prior occupation)		
Work Telephone:					Work Telephone:				
Driver's License information					Driver's License Information				
State	Number	Issue Date	Expiration Date		State	Number	Issue Date	Expiration Date	
E-mail Address:					E-mail Address:				
Online Banking (w/Bill Pay Checking) <input type="checkbox"/>			Overdraft Protection <input type="checkbox"/> Transfer from account: _____		Online Banking (w/Bill Pay Checking) <input type="checkbox"/>			Overdraft Protection <input type="checkbox"/> Transfer from account: _____	
Mother's Maiden Name _____ We may cancel online banking services if there is 90 days or more of inactivity.			\$10.00 Transfer fee. Agreement must be signed within 14 days to avoid expiration.		Mother's Maiden Name _____ We may cancel online banking services if there is 90 days or more of inactivity.			\$10.00 Transfer fee. Agreement must be signed within 14 days to avoid expiration.	
Quaint Oak Bank Visa Debit Card: <input type="checkbox"/> Yes <input type="checkbox"/> No There is a \$2,000 daily (24-hour) spending limit on your Visa Debit Card for purchases, and a (24-hour) \$500 limit on ATM transactions. Quaint Oak Bank Visa Debit Card is accepted at all ATMs, but not all are Surcharge Free; see www.quaintoak.com for locations. Also, this Debit Card is accepted at any location displaying the Visa logo.					Quaint Oak Bank Visa Debit Card: <input type="checkbox"/> Yes <input type="checkbox"/> No There is a \$2,000 daily (24-hour) spending limit on your Visa Debit Card for purchases, and a (24-hour) \$500 limit on ATM transactions. Quaint Oak Bank Visa Debit Card is accepted at all ATMs, but not all are Surcharge Free; see www.quaintoak.com for locations. Also, this Debit Card is accepted at any location displaying the Visa logo.				
Check Order: <input type="checkbox"/> Standard QOB Package <input type="checkbox"/> Other <input type="checkbox"/> Duplicates <input type="checkbox"/> Name (P/B) <input type="checkbox"/> Primary Telephone No. <input type="checkbox"/> Address <small>Check Number starts (P=101, B=1001)</small>					Check Order: <input type="checkbox"/> Second Name (P) <input type="checkbox"/> Other				

I/We acknowledge that I/we have received and read your disclosure statement(s) and agree to the terms and conditions of the account. Under penalties of perjury, I/we certify that (1) The numbers shown on this form is my/our correct taxpayer identification number or I/we am/are waiting for a number to be issued to me/us, and (2) I/we am/are not subject to backup withholding because (a), I/we am/are exempt from backup withholding, or (b) I/we have not been notified by the Internal Revenue Service (IRS) that I/we am/are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me/us that I/we am/are no longer subject to backup withholding, and (3) I/we am/are a U. S. person (including a U. S. resident alien). (You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.) The Internal Revenue Service does not require your consent to any provision of this document other than the certificate required to avoid backup withholding.

X _____
Date _____

X _____
Date _____

Signature Card Agreement

The following terms will govern this account. The words "I," "we," "my," "our," "me," and "us" refer to the account holder(s), and the word "you" and "your" refer to the financial institution. This agreement also includes signature cards, transfer authorizations and any other separate written agreements used to establish and maintain an account. This agreement includes all applicable clearing house rules, state and federal laws and regulations and the Uniform Commercial Code. Any changes to this agreement must be in writing or typing on this form or in a separate written agreement. Additional rules governing Electronic Funds Transfers are disclosed on a separate form available from this institution.

DEPOSITS: I (we) understand that if you receive any item other than cash, as collecting bank, you may handle the collection of any such item in accordance with your usual practices. Deposits will be available for withdrawals consistent with the terms of this institution's funds availability policy. If an item is returned, it will be debited back to my (our) account and interest earned (if any) may be adjusted and/or you may charge a fee for "returned deposit item". You are not responsible for transactions initiated by mail until you actually receive them. All deposits received after your cut-off time each business day or on a day that is not a business day will be handled and recorded on the next business day.

WITHDRAWALS: I (we) agree to use the forms or checks approved by you when making a withdrawal. I (we) understand that you have the right to require prior written notice of my (our) intent to withdraw funds from a savings or NOW account. I (we) agree not to withdraw more than the amount available in the accounts, and you may refuse a withdrawal requested against uncollected funds.

TRANSFERS: I (we) may not transfer this account without your written consent. Any permitted transfer of funds out of this account is not restricted.

TERMINATION: You may terminate this account at any time upon providing me (us) reasonable notice and tendering the account balance by mail to the most recent address listed in your records or personally.

AMENDMENTS: You may amend the terms of this agreement at any time by mailing or delivering to me a written notice at least 30 calendar days before the effective date of the change.

PERSONAL ACCOUNTS: By signing this agreement, I (we) understand that I (we) may withdraw all or a portion of the collected funds in the account. You may prohibit or restrict withdrawals upon being notified of the death or incompetence of a person with the right of withdrawal from this account until all obligations according to this agreement and the laws have been met.

JOINT ACCOUNT: Each owner is authorized to endorse any item payable to him/her or to his/her order for deposit, cash or other transaction with you. This power will cease upon your receipt of notice of the death or incapacity of the joint tenant or the changing of the ownership or closing of this account. Each of us, as joint tenants, agrees to be jointly and severally liable to you for any overdraft, fees or withdrawals against uncollected funds.

JOINT ACCOUNT WITH RIGHT OF SURVIVORSHIP: We agree that any funds placed in or added to the account are intended to be a gift and property of any one of the survivor(s). If more than one of us survives, we shall continue to be joint tenants with the right of survivorship.

TRUST ACCOUNT: I (we) may withdraw funds from the account balance or change my (our) beneficiary (ies) at anytime during my (our) lifetime. This trust can be revoked at any time. If not revoked, it will continue for the life of the person opening the account. I (we) agree to comply with all applicable laws as trustee for the account.

BUSINESS ACCOUNT: According to this agreement, the person(s) permitted to make withdrawals from an account held in the name of any legal entity. (i.e.), a partnership, corporation or other type of organization, will be designated in an authorization separate from this agreement. You will honor this authorization until it is terminated or amended in writing by the appropriate governing body of the organization.

INTEREST: You will pay me (us) interest on the collected balance of my (our) account at the rates and times as set forth from time to time by you for the type of account opened.

NON-SUFFICIENT FUNDS: If I (we) do not have sufficient collected funds in my (our) account to cover a check or draft, you may charge a Nonsufficient Funds fee and/or refuse to pay the item at your option.

SET-OFF: If I (we) owe you money directly or indirectly, you may use the funds in this account as payment and will be held harmless and indemnified by me (us). My (our) owing you money can include, but is not limited to, a secured or unsecured, absolute or contingent, due or about to become due, and joint or several obligation. Each of us acknowledges your right to offset for the debt of any one of the joint owners of this account if the account is jointly owned.

STATEMENTS: I (we) must carefully examine my (our) statement or passbook and report any errors, forgeries, or other discrepancies to you as soon as possible, or within the period of time prescribed by law after the statement date or passbook entry date. If I (we) do not report to you in this time, I (we) waive my (our) right to contest the payment and accept the charges assessed and the account balance reported as correct.

STOP PAYMENTS: At my (our) request, you may stop payment on a check drawn against my (our) checking or NOW account provided I (we) meet your conditions to effect such a request. I (we) agree to pay your established service charge for Stop Payments, and understand that you may accept the Stop Payment request from any of the joint owners of the account (If the account is jointly owned) whether or not they were the signers of the check.

EXPENSES AND CHARGES: If you incur any expenses relative to this account due to garnishment, levy or attachment, you may charge the expense to my (our) account or I (we) will reimburse you for such expense. You may charge my (our) account based on your schedule of charges which may change from time to time (see AMENDMENTS).

Primary Initials: _____

Joint/Custodian/Authorized Signer Initials: _____

Bank Use Only			
<input type="checkbox"/> Statement Savings	<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint – Survivorship
<input type="checkbox"/> Money Market	<input type="radio"/> 6 Month <input type="radio"/> 12 Month <input type="radio"/> 18 Month	<input type="checkbox"/> Joint No Survivorship	<input type="checkbox"/> Uniform Gift to Minor
<input type="checkbox"/> Checking	<input type="radio"/> 2 Year <input type="radio"/> 3 Year <input type="radio"/> 4 Year	<input type="checkbox"/> In Trust For	<input type="checkbox"/> Legal Trust
<input type="checkbox"/> Business Checking	<input type="radio"/> 5 Year <input type="radio"/>	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/>		<input type="checkbox"/> Voluntary Assoc.	<input type="checkbox"/>
		<input type="checkbox"/> Corporation – For Profit	<input type="checkbox"/> Other
		<input type="checkbox"/> Corporation – Not For Profit	
Interest Disbursement: <input type="checkbox"/> Check <input type="checkbox"/> Deposit to <input type="radio"/> External Account <input type="radio"/> Internal Account			
Interest Disbursement Frequency: <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A <input type="checkbox"/> At Maturity			
Referred by or Advertisement In:			
Account Number:			
Account Opened By:	OFAC Checked <input type="checkbox"/>	Date	Initials
Audit Verification Use Only			
Signed Application <input type="checkbox"/>	Current ID <input type="checkbox"/>	CD Agreement Signed (If Applicable) <input type="checkbox"/>	
Initials <input type="checkbox"/>	Experian/OFAC <input type="checkbox"/>	DV <input type="checkbox"/>	LV <input type="checkbox"/>
External Link (If Applicable) <input type="checkbox"/>	Privacy Opt Out <input type="checkbox"/>	Approved by:	Date:
ACH Form Completed (If Applicable) <input type="checkbox"/>			
Overdraft Protection Agreement <input type="checkbox"/>			