



IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT — 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 this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Instructions

1. Complete all information below.
2. Take a clear copy of your identification. Acceptable forms of identification include: State Driver's License, State Identification Card, Military Identification or Passport.
3. Submit your application and identification using *one* of the following methods:
 - a. Fax your application and copy of your identification to 484-586-3531.
 - b. Mail your application and copy of your identification to the following address:
 Meridian Bank
 Attn: Deposit Operations
 9 Old Lincoln Hwy
 Malvern, PA 19355
 - c. Scan and send through the [Scan and Send Secure Mail](#) button located on the application website page.
5. A Meridian Bank representative will contact you within 2 business days of receiving your request.

Request Details

Select Account:	Account Type:	Relationship:	Purpose of Account (ex. Household):	Opening Deposit:
	Free Checking*	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
	Direct Checking*	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
	50+ Interest Checking*	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
	Performance Interest Checking*	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
	Essential Savings*	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
	Meridian Money Market*	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____

*Visit our website at www.meridianbanker.com for Account Details, current rates and APY information

Funding Options: Check Wire ACH Transfer (include copy of voided check)

Mail check with application to: Send wire to: I authorize Meridian Bank to initiate an ACH transfer from my account using the following information:

Meridian Bank Meridian Bank Bank Name: _____

Attn: Deposit Operations 9 Old Lincoln Hwy Malvern, PA 19355 Bank ABA: _____

9 Old Lincoln Hwy ABA: 031918828 Name on Account: _____

Malvern, PA 19355 Account # 7770722 Account Number: _____

FC to Deposit Ops (Only Checking)

Account Activity

Estimated Monthly Average Deposits:

Type	Amount	Quantity
Cash		
Domestic Wires		
Foreign Wires**		
ACH		

Estimated Monthly Average Withdrawals:

Type	Amount	Quantity
Cash		
Domestic Wires		
Foreign Wires**		
ACH		

**Reason for foreign wire activity? _____

How did you hear about Meridian Bank? Event Online Newspaper Email Mailing Other (Please specify): _____



Primary Account Owner Information (Copy of ID required)

Yes No
 Name (First, M., Last) Are you a US Citizen? Social Security Number Date of Birth
 Current Street Address³ Apt, Unit, PO Box City State Zip
 Email Address Home Phone Cell Phone Work Phone
 Yes No
 Driver's License No. DL State DL Issue Date DL Expiration Date Are you or are you related to a senior foreign political figure?
 Employment Status (Choose One): Employed Unemployed Retired** Homemaker Student
****If retired, please list your previous employer and occupation**
 Occupation/Job Title Employer

By checking this box, I certify that everything stated on this form and on any attachments is true and correct.

³ If mailing address is a PO Box, your physical street address must be included also.

Joint Account Owner Information (Copy of ID required)

Yes No
 Name (First, M., Last) Are you a US Citizen? Social Security Number Date of Birth
 Current Street Address³ Apt, Unit, PO Box City State Zip
 Email Address Home Phone Cell Phone Work Phone
 Yes No
 Driver's License No. DL State DL Issue Date DL Expiration Date Are you or are you related to a senior foreign political figure?
 Employment Status (Choose One): Employed Unemployed Retired** Homemaker Student
****If retired, please list your previous employer and occupation**
 Occupation/Job Title Employer

By checking this box, I certify that everything stated on this form and on any attachments is true and correct.

³ If mailing address is a PO Box, your physical street address must be included also.