

Instructions

- 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. Mail your application and copy of your identification to the following address:

Meridian Bank Attn: New Accounts 16 W Market St

West Chester, PA 19382

- b. Scan and send through our secure mail system. Click here to access.
- A Meridian Bank representative will contact you within 2 business days of receiving your request.

Request Details Select Account: Relationship: Purpose of Account (ex. Household): Opening Deposit: Free Checking* \$ Individual Joint \$ Direct Checking* Individual Joint 50+ Interest Checking* Individual Joint Performance Interest Checking* Individual Joint Individual Essential Savings* Joint Individual Joint Meridian Money Market* Certificate of Deposit* Individual Joint _ month term *Visit our website at www.meridianbanker.com for Account Details, current rates and APY information. **Funding Options:** ACH Transfer (include copy of voided check to verify information provided below) Check Bank Name: Mail check with I authorize Meridian Bank to initiate an ACH application to: Routing Number: transfer from my Meridian Bank Name on Account: Attn: New Accounts account using the 16 W Market St following information: Account Number: West Chester, PA 19382 (Only Checking) Account Activity (excluding Certificates of Deposit) Estimated Monthly Average Denosits: Estimated Monthly Average Withdrawals:

Estimated monthly fiverage Deposits.						
Туре	Amount	Quantity				
Cash						
Domestic Wires						
Foreign Wires**						
ACH						

Type	Amount	Quantity
Cash		
Domestic Wires		
Foreign Wires**		

**Reason for foreign wire activity?											
How did you hear about Meridian Bank?	Event	Online	Newspaper	Email	Mailing	Other (Please specify)					

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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 Address ¹	Apt, Unit, F	РО Вох	City	,	State	Zip
Email Address			ome Phone		Cell Phone	Work Phone
				Yes	No	
Driver's License No. DL State	DL Issue Date	DL Expirati		-	re you related to a senior f	
Employment Status (Choose One)	Employed	Unemploy	ea R	etired**	Homemaker St	udent
** If retired, please list your previous e	mployer and occup	pation				
Occupation/Job Title		 , .	Employer			
By checking this box, I certify t	nat everytning s	tated on thi	s form and	on any attac	inments is true and cor	rect.
Jo	int Account	Owner Ir			of ID required)	
			Yes	No		-
Name (First, M., Last)			Are you a	US Citizen?	Social Security Number	Date of Birth
Current Street Address²	Apt, Unit, F	РО Вох	City	,	State	Zip
Email Address			ome Phone		Cell Phone	Work Phone
				Yes	No	
Driver's License No. DL State	DL Issue Date	DL Expiration Date		Are you or a	re you related to a senior i	oreign political figure
Employment Status (Choose One)	Employed	Unemp	oloyed	Retired**	Homemaker	Student
** If retired, please list your previous e	mployer and occup	pation	-			
Occupation/Job Title			Employer			

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

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.

²If mailing address is a PO Box, your physical street address must be included also.