Personal Account Application

Thank you for choosing Quantum National Bank. Please select the account(s) you would like to open along with any of our other listed products and services you might be interested in.

Please complete the following information to open your new account:

❑ Hi-Rate Checking	❑ ATM Card	❑ Auto Loan
❑ Economy Checking	❑ Debit Card	❑ Personal Loan
❑ Hi-Rate Money Market Account	❑ Internet Banking	❑ Overdraft Protection
❑ Personal Savings Account	❑ Bill Payment	❑ Safe Deposit Box
❑ Minor Savings Account	❑ Telephone Banking	❑ Personal Line of Credit
❑ Certificate of Deposit	❑ Overdraft Sweep from Savings	Let us know below how we can
Term _____	❑ Home Equity Loan	meet your needs further:
❑ Senior Hi Rate	❑ E-Statements	❑ _____
		❑ _____

PRIMARY OWNER INFORMATION (please print) **Existing Customer :** ☐YES

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address (if different): _____

City/State:_____ Email: _____

Home Phone #: _____ Cell Phone #: _____ Work#: _____

Date of Birth: _____ Social Security # _____

Employer: _____ Job Function: _____

Driver' s License #:_____ ST::____ Expiration date:_____ Issue date: _____

2nd ID _____(Please include a copy of your drivers license if submitting application by mail or fax)

POD ACCOUNT INFORMATION (please print)

First Name: _____ Last name: _____

DOB: _____ SSN # _____ Relationship: _____

For your protection all new Quantum National Bank account applications are verified by Equifax Financial Services & Chex Systems.

Joint owner information on the back side

JOINT OWNER INFORMATION (please print) **Existing Customer :** ☐ YES

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address (if different): _____

City/State:_____ Email: _____

Home Phone #: _____ Cell Phone #: _____ Work#: _____

Date of Birth: _____ Social Security # _____

Employer: _____ Job Function: _____

Driver' s License:_____ State:_____ Expiration date:_____

2nd ID _____ (Please include a copy of your drivers license if submitting application by mail or fax)

JOINT OWNER INFORMATION (please print) **Existing Customer :** ☐ YES

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address (if different): _____

City/State:_____ Email: _____

Home Phone #: _____ Cell Phone #: _____ **Work #:** _____

Date of Birth: _____ Social Security # _____

Employer: _____ Job Function: _____

Driver's License#: _____ State: _____ Expiration Date: _____

2nd ID _____ (Please include a copy of your drivers license if submitting application by mail or fax)

For your protection all new Quantum National Bank account applications are verified by Equifax Financial Services & Chex Systems.

You may submit application by mail, fax or in person at one of our following locations:
Your initial deposit can be mailed by check, wired, or
Visit us online at: www.quantumbank.com

505 Peachtree Industrial Blvd.
Suwanee, GA. 30024-3017
770-945-8300 Main
770-945-4888 Fax

2905 Bethany Bend
Milton, GA. 30004
678-889-4700 Main
770-667-6475 Fax

Member FDIC **Equal Housing Lender**

Revised 2/14

FOR BANK USE ONLY **Existing Customer:** ☐YES

Getting to know your customer:

Customer's estimate of: Average balance: _____ Check writing: _____

Will international transactions be conducted: ☐No

If Yes, how often: _____ Countries: _____ _____

Expected # of Wire Transfers _____

Will there be many cash deposits? ☐YES ☐NO

Will there be many checks cashed (ex: payroll, cash, withdrawals)? ☐YES ☐NO

IS this a money service business? ☐YES ☐NO

Red Flag Identity Questions:

1. Has the person(s) opening the account or the customer provide all required information on an application? ☐YES ☐ No

2. Do documents provided for identification appear to have been altered? ☐ YES ☐ NO

3. Is the photograph or physical description on the identification consistent with the appearance of the applicant or customer presenting the identification? ☐ YES ☐ NO

4. Is personal information provided consistent with information that is on the credit report?
   ☐ Yes ☐ No
   a. Is the customer able to provide authenticating information beyond that which generally would be available from a wallet? ☐ YES ☐ NO
   b. If a credit freeze has been placed on the credit report, is the customer or person opening the acct able to lift it?

5. Was a fraud or active duty alert included with a consumer report? ☐YES ☐ NO

6. Was a notice of address discrepancy provided by a consumer reporting agency?
   ☐ YES ☐ NO

7. Was a safe scan warning present on the credit report for Social Security inconsistencies?
   ☐Yes ☐ No

8. If customer's primary residence is not located in assessment area (geographic location) give an explanation of why they are opening the account with us?

   _____

9. Is the address and/or SSN provided a duplicate of an existing customer? ☐ YES ☐ NO

Account opening Checklist (Attach copies of all applicable documents)

Existing Customer: ☐Yes Since_____

☐ Valid identification Document of Signer(s) ☐ 2nd ID documented on Application

☐ Credit Bureau Reports(s) ☐ Address discrepancy noted ☐Safe scan warning noted

☐ Credit Score input ☐Deluxe Detect ☐ CRA state code/MSA/County Code/Census tract #___

☐ OFAC Scan Result(s) Attached. If Possible Match, Reported to: _____

Date Reported: _____

☐Social Security # Verified

☐ Flagged **I** (internet) **P** (phone) **M** (mail) or **N** (face-to-face) circle applicable one. ☐ Security questions asked?

☐ Signature Card - Obtained All Appropriate Signatures ☐ Signatures Scanned ☐Employer Identified

☐ Back-up Withholding is signed ☐DOB

☐ Delivered All Appropriate Disclosures ☐ Updated starter kit log

☐ Account Opened on Date _____ Account Number _____

☐ Checks ordered, Date Ordered _____ style # _____ starting #_____

☐ Ordered Debit / ATM card (circle one) Date Ordered _____

☐ATM Application Signed ☐Ownership Code ☐ Opt/In or Opt/Out ☐Signed OD Form (if Opt/In)

☐ Hold on initial deposit Yes_____ No _____ If NO list reason _____

☐ Set up for Internet Banking/Bill Pay

☐Hold Harmless Agreement (if applicable)

☐Risk Rating

FOR BUSINESS ACCOUNTS:

☐All of the Above ☐Industry Identified ☐Resolution (authority is identified and form is signed

☐Business Documentation (documentation must show who has the authority to act on behalf of the company such as Articles of Incorporation, Operating Agreement, etc.)

☐Secretary of State in Good Standing/Valid Business License

☐OFAC of business pulled through Bridger or Deluxe Detect

Any ticklers set:
_____

Notes:
_____
___

CSR Signature _____ Date _____

Account Officer Signature _____ Date _____

Deposit Operations Review by: _____ Date _____

Relationships Set: _____Yes_____ No Hold placed: _____Yes_____ No

Exceptions Noted: _____
_____

Tickler date set for:_____

BSA Reviewed by:_____ Date:_____ **Existing Customer :** ☐YES

Since _____

Assigned: NAICS Code_____ Risk Code_____ ☐ Entered on Precision

CIP: ☐ Name ☐ Physical address ☐ Date of birth ☐ SS# / Tin# ☐ Flagged I / P / M / N ☐ ID questions asked

☐ OFAC ☐ Identification ☐ Address discrepancy noted ☐ Safe scan warning noted ☐ Red Flag completed

Exceptions Noted:
_____
_____