

FIRST BANK OF DELAWARE: DEPOSIT ACCOUNT APPLICATION

For Bank Use Only Account Number: _____

Account Ownership: Name(s) (PLEASE PRINT)	CD TERM	
Account Owner #1:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint with Survivorship <input type="checkbox"/> Revocable Trust (A copy of the complete trust agreement is required)	<input type="checkbox"/> 3 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> 60 Months <input type="checkbox"/> 18 Months <input type="checkbox"/> Advertised <input type="checkbox"/> 24 Months <input type="checkbox"/> Special
Account Owner #2:		

Mail to: First Bank of Delaware
 1000 Rocky Run Parkway
 Wilmington, DE 19803

CD Amount-Minimum: \$1,000.00: \$ _____

The minimum amounts required to open an account are as follows: 1) Free Checking-\$100; 2) Interest Checking-\$1,000; 3) Preferred Checking - \$100 4) Preferred Interest Checking - \$100; 5) Statement Savings - \$200; 6) Index Savings - \$100; 7) Money Market - \$1,500; 8) Premier Money Market - \$5,000 To avoid service charges, you need to maintain the following minimum balances: 1) Interest Checking - \$1,000; 2) Preferred Checking-*\$15,000; 3)Preferred Interest Checking - *\$25,000; 4) Statement Savings - \$200; 5) Index Savings - \$1,000 6) Money Market - \$1,500; 7) Premier Money Market - \$5,000	Account Type <input type="checkbox"/> Free Checking <input type="checkbox"/> Statement Savings <input type="checkbox"/> Interest Checking <input type="checkbox"/> Index Savings <input type="checkbox"/> Preferred Checking <input type="checkbox"/> Money Market Account <input type="checkbox"/> Preferred Interest Checking <input type="checkbox"/> Premier Money Market Account Initial Deposit: \$ _____
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*The minimum balance requirements to avoid a service charge for these two accounts can be met in any combination of Checking, Savings, Money Market Account, Loans or Lines where the primary account holder is also the primary, joint, or co-borrower on the other account(s).

Please Make All Checks Payable to the First Bank of Delaware

ACCOUNT OWNER NUMBER 1

Address: _____

City, State & Zip: _____

Taxpayer ID: _____ Date of Birth (mm/dd/yyyy): _____

Phone Number(s) - Day: _____ Phone Number(s) - Evening: _____

Drivers License or State Issued I. D. Number (a legible copy must be provided): _____ State of Issue: _____

Employer: _____ Job Title: _____

E-Mail Address : _____

ACCOUNT OWNER NUMBER 2

Address: _____

City, State & Zip: _____

Taxpayer ID: _____ Date of Birth (mm/dd/yyyy): _____

Phone Number(s) - Day: _____ Phone Number(s) - Evening: _____

Drivers License or State Issued I. D. Number (a legible copy must be provided): _____ State of Issue: _____

Employer: _____ Job Title: _____

E-Mail Address : _____

If approved for a Free Checking or Interest Checking Account I/we request a MasterCard Debit Card Yes No

I hereby request First Bank of Delaware (FBD) to open the account(s) selected in the names set forth above. I confirm the information on this application is accurate to the best of my knowledge. I will promptly notify FBD if any of the information changes. I agree to be bound by the Deposit Terms and Conditions. The disclosures will be retained as part of my records for the Deposit Account. I understand before an account can be opened that this document must be signed and returned to FBD. If the application is approved, FBD will send all of the required disclosures for the account selected.

Under the penalty of perjury, I certify: (1) that the number shown on this form is my correct taxpayer identification number and; (2) that I am not subject to backup withholding either because: a) I am exempt from filing backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding and d) I am an U.S. person (including a resident alien) {please strike out the appropriate phrase if it does not apply to you}. **{The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding}.**

By your signature, you are authorizing the First Bank of Delaware, under the Fair Credit Reporting Act, to obtain information from your personal credit profile or other information obtained from a credit reporting agency. The sole purpose of this information is to confirm your identity and to avoid fraudulent transactions in your name.

ACCOUNT OWNER'S SIGNATURE: _____ **ACCOUNT OWNER'S SIGNATURE:** _____

X DATE: _____ X DATE: _____