FIRST BANK OF DELAWARE: DEPOSIT ACCOUNT APPLICATION

For Bank Use Only **Account Number:**

Account Ownership: Name(s) (PLEASE PRINT)

Account Owner #1:

Account Owner #2:

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

__ **Individual**

__ **Joint with Survivorship**

__ **Revocable Trust**

(A copy of the complete trust agreement is required)

CD TERM

__ 3 Months
__ 6 Months
__ 12 Months
__18 Months
__ 24 Months
__ 36 Months
__ 60 Months
__ Advertised Special

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

Account Type

__ Free Checking
__ Interest Checking
__ Preferred Checking
___ Preferred Interest Checking
__ Statement Savings
__ Index Savings
__ Money Market Account
__ Premier Money Market Account

Initial Deposit: $_____

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

***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:**