

Account Agreement

Date: 11/21/2020

Institution Name & Address

Poppy Bank
Petaluma Office
100 Second St.
Petaluma, CA 94952
(707) 636-9030

Owner/Signer Information 1

Name	Billy Bob		
Relationship	Owners		
Address	123 Happy Dr, Petaluma, CA 94952		
Mailing Address (if different)	PO Box 123, Petaluma CA 94954		
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	Drivers License D234354 CA	Issued: 10/07/2017 Expires: 10/18/2022	
Other ID (description, details)	Credit Card Visa	Expires: 02/28/2023	
Employer	Poppy Bank, New Accounts/CSR-Poppy Bank		
Previous Financial Inst.			
E-Mail	diaz1234@gmail.com		
Work Phone			
Home Phone:	(707) 778-7756	Mobile Phone:	(123) 456-7890
Birth Date:	10/18/1991	SSN/TIN:	123-34-2134

Ownership of Account

The specified ownership will remain the same for all accounts.

<input type="checkbox"/> Individual	
<input type="checkbox"/> Joint Account	
<input type="checkbox"/> Joint - Spouses (With right of survivorship)	
<input type="checkbox"/> Community Property (Spouses)	
<input type="checkbox"/> Tenancy in Common	
<input type="checkbox"/> Sole Proprietorship or Single Member LLC	<input type="checkbox"/> Partnership
<input type="checkbox"/> LLC-enter tax classification (<input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership)	
<input checked="" type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation <input type="checkbox"/>
<input type="checkbox"/> Trust-Separate Agreement Dated: _____	
<input type="checkbox"/>	

Beneficiary Designation

(Check appropriate ownership above.)

<input type="checkbox"/> Totten Trust	<input type="checkbox"/> Pay-On-Death (POD)
<input type="checkbox"/>	

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

Internal Use Business Checking Officer

Account Title & Address

Nordby Construction
DBA Curtain Project
123 Main St
Santa Rosa, CA 94949

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.☐ If checked, this is a temporary account agreement.Number of signatures required for withdrawal: 1.**Signature(s)**

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Terms & Conditions | <input checked="" type="checkbox"/> Truth in Savings | <input checked="" type="checkbox"/> Funds Availability |
| <input checked="" type="checkbox"/> Electronic Fund Transfers | <input checked="" type="checkbox"/> Privacy | <input checked="" type="checkbox"/> Substitute Checks |
| <input type="checkbox"/> Common Features | <input type="checkbox"/> | |
- ☒ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1):	<input checked="" type="checkbox"/>	Billy Bob I.D. # <u>123-34-2134</u> D.O.B. <u>10/18/1991</u>
(2):	<input checked="" type="checkbox"/>	James Brown I.D. # <u>123-34-2134</u> D.O.B. <u>10/18/1991</u>
(3):	<input checked="" type="checkbox"/>	Jimmy Neutron I.D. # <u>123-34-2134</u> D.O.B. <u>10/18/1991</u>
(4):	<input checked="" type="checkbox"/>	Timmy Turner I.D. # <u>123-34-2134</u> D.O.B. <u>10/18/1991</u>

Owner/Signer Information 2

Name	James Brown		
Relationship	Owners		
Address	123 Happy Dr, Petaluma, CA 94952		
Mailing Address (if different)	PO Box 123, Petaluma CA 94954		
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	Drivers License D234354 CA	Issued: 10/07/2017 Expires: 10/18/2022	
Other ID (description, details)	Credit Card Visa	Expires: 02/28/2023	
Employer	Poppy Bank, New Accounts/CSR-Poppy Bank		
Previous Financial Inst.			
E-Mail	diaz1234@gmail.com		
Work Phone	(707) 778-7756		
Home Phone:	(707) 778-7756	Mobile Phone:	(123) 456-7890
Birth Date:	10/18/1991	SSN/TIN:	123-34-2134

Owner/Signer Information 3

Name	Jimmy Neutron		
Relationship	Owners		
Address	123 Happy Dr, Petaluma, CA 94952		
Mailing Address (if different)	PO Box 123, Petaluma CA 94954		
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	Drivers License D234354 CA	Issued: 10/07/2017 Expires: 10/18/2022	
Other ID (description, details)	Credit Card Visa	Expires: 02/28/2023	
Employer	Poppy Bank, New Accounts/CSR-Poppy Bank		
Previous Financial Inst.			
E-Mail	diaz1234@gmail.com		
Work Phone	(707) 778-7756		
Home Phone:	(707) 778-7756	Mobile Phone:	(123) 456-7890
Birth Date:	10/18/1991	SSN/TIN:	123-34-2134

Owner/Signer Information 4

Name	Timmy Turner		
Relationship	Owners		
Address	123 Happy Dr, Petaluma, CA 94952		
Mailing Address (if different)	PO Box 123, Petaluma CA 94954		
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	Drivers License D234354 CA	Issued: 10/07/2017 Expires: 10/18/2022	
Other ID (description, details)	Credit Card Visa	Expires: 02/28/2023	
Employer	Poppy Bank, New Accounts/CSR-Poppy Bank		
Previous Financial Inst.			
E-Mail	diaz1234@gmail.com		
Work Phone	(707) 778-7756		
Home Phone:	(707) 778-7756	Mobile Phone:	(123) 456-7890
Birth Date:	10/18/1991	SSN/TIN:	123-34-2134

Important Account Opening Information. Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Non-Individual Owner Information

Name	Nordby Construction	
State/Country & Date of Organization		
Nature of Business		
Address		
Mailing Address (if different)		
Authorization/Resolution Date		
Previous Financial Inst.		
E-Mail		
Phone		
EIN: 12-345676	Mobile Phone:	

Account Description Account # Initial Deposit/Source

01-100034-1	Business Checking	\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested

<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Backup Withholding Certifications

(If not a "U.S. Person", certify foreign status separately)

☒ By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).

☒ **Taxpayer I.D. Number - TIN:** 12-345676

The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

☒ **Backup Withholding.** I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **Exempt Recipients.** I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Other Terms/Information