



PRIME MERIDIAN BANK™

Personal Account Application

*For all signers, please provide a copy of your driver's license.

Date _____

Individual Joint Trust

Account # _____

Name _____ Password _____

Home Address _____ City, State, Zip _____

Mailing Address (if different) _____

Email Address _____

Social Security # _____ Date of Birth _____

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

Driver's License # _____ Issue Date _____ Exp Date _____

Employer _____ Occupation _____

If Joint: Name _____ Password _____

Home Address _____ City, State, Zip _____

Mailing Address (if different) _____

Email Address _____

Social Security # _____ Date of Birth _____

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

Driver's License # _____ Issue Date _____ Exp Date _____

Employer _____ Occupation _____

Beneficiary Name (if applicable) _____

Social Security # _____ Date of Birth _____ Home Phone # _____

Home Address _____

Estimated Monthly Activity Averages

Deposits			Withdrawals		
	\$ Amount	# of Items		\$ Amount	# of Items
Cash	_____	_____	Cash	_____	_____
Wire-Foreign	_____	_____	Wire-Foreign	_____	_____
Wire-Domestic	_____	_____	Wire-Domestic	_____	_____
ACH	_____	_____	ACH	_____	_____