

BMO Harris Plus
Bank at WorkSM

BMO Harris Plus
Group Banking ServicesSM

Work | Bank | Live
Banking Advantages for Life

Directions:

- 1. Complete this application/signature card.
- 2. Choose the Harris personal checking account you would like.
- 3. Complete this application and return to your BMO Harris sales representative or mail to Harris in the postage-paid envelope or drop off at any Harris location.

☐ Yes, I want to apply for a Harris personal checking account.

Type of Checking Account: _____

☐ Joint Tenants with Rights of Survivorship ☐ Individual ☐ Marital (only available in Wisconsin)

For Bank at Work and Group Banking Services customers, BMO Harris will waive the monthly maintenance fee for the first 12 months on any Harris personal checking account excluding Harris Fresh Start Checking® and BMO Harris Select Money MarketSM accounts. After 12 months, normal fees and service charges apply and the account type may be changed at customer discretion.

Checking Account Application/Signature Card

Applicant

Title (check one)

☐ Mr.☐ Ms.☐ Mrs.

Name

Street Address

Apt. Number

City, State, Zip Code

Date of Birth

Primary ID (required)

Driver’s License Number

Issuing State

Issue Date (mm/dd/yy)

Expiration Date (mm/dd/yy)

Secondary ID (required)

(if you have listed your Driver’s License as a primary ID, you cannot use a State ID as Secondary ID)

Type

Description

Number

Issue Date (mm/dd/yy)

Expiration Date (mm/dd/yy)

Home Telephone

()

Business Telephone

()

Employer Name

Employer Address

Occupation

Co-Applicant (if applicable)

Title (check one)

☐ Mr.☐ Ms.☐ Mrs.

Name

Street Address

Apt. Number

City, State, Zip Code

Date of Birth

Primary ID (required)

Driver’s License Number

Issuing State

Issue Date (mm/dd/yy)

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Home Telephone

()

Business Telephone

()

Employer Name

Employer Address

Occupation

W-9 Information for applicant

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), **and**

2. I am not subject to backup withholding because: **(a)** I am exempt from 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**

3. I am a U.S. citizen or other U.S. person.

Certification instructions. You must cross out item **2** above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item **2** does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct Tax ID Number (TIN).

Taxpayer Identification Number (TIN)

Taxpayer Identification Signature

Date

Signature Card Authorization and Application

I/We acknowledge receipt of the *Harris Handbook for Personal and Business Deposit Accounts* (the “*Handbook*”), and I/we agree jointly and individually that the *Handbook* shall govern this Account, my/our ownership rights, and all other deposit accounts I/we have with Harris now or in the future. “Harris” means the BMO Harris Bank N.A. bank affiliate that opens this Account.

I/We authorize Harris to check my/our credit and employment history and answer questions about Harris’ experience with me/us. I/We also authorize the sharing by Harris with any of its affiliates of any information relating to me/us, the Account or my/our other relationships with Harris, including credit report information, unless I/we notify Harris, in accordance with the *Harris Privacy Policy*, not to share information (other than transaction and experience information) about me/us. Harris has the right to charge this Account for any liabilities owed to Harris or its affiliates by any one or more of the owners of this Account.

If this is an application for a checking or statement savings account, I/we also apply for a Harris ATM or Debit card and I/we jointly and severally agree to the provisions in the *Handbook* applicable to the card(s). I/We hereby authorize Harris to transfer funds and take other actions upon written (including facsimile) or electronic instructions from me, or any from any one of us if this is a joint account. I/We agree that this Account shall be governed by the applicable federal and state laws as set forth in the *Handbook*.

Checking Account Application/Signature Card

Applicant

Name (First, Middle Initial, Last)

Social Security Number

Mother’s Maiden Name

Intended Purpose/Use of Accounts

Origin of Funds

Applicant’s Signature (Please use black ink only)

Co-Applicant (if applicable)

Name (First, Middle Initial, Last)

Social Security Number

Mother’s Maiden Name

Co-Applicant’s Signature (Please use black ink only)

For Bank Use Only

Opened by

Phone

BUC

Open date

BAW code (if applicable)

Account number

Opening deposit amount

Officer code/area

For LOSC Use Only