

Deposit Application

Impact Bank is located solely within the State of Kansas, county of Sumner, USA. Our trade area includes Sumner County and under certain circumstances neighboring counties including Sedgwick, Harper, and Cowley. Applications outside our trade area will not be accepted through the Internet.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license, social security card or other identifying documents. We will let you know if additional information is required.

* Required Fields

Account Type

Choose an Account Type: *	Impact Account	Johnny Appleseed Savings
	Free Checking	Secret Savings
	Premier Checking	Certificate of Deposit
	Regular Savings	

Applicant Information

Are you an existing customer of Impact Bank? Yes No

First Name: *

Middle Initial:

Last Name: *

Date of Birth: * / /
(mm/dd/yyyy)

Social Security Number: * - -

Telephone Number: * - -

Email Address:

Mother's Maiden Name:

Driver's License Number
or Registered ID: *

State Issued:*

Date Issued:*

/ /
(mm/dd/yyyy)

Date Expires:*

/ /
(mm/dd/yyyy)

Address Information

Street Address:*

(Street address required, not
PO Box)

City/State/Zip Code:*

/ /

Number of Years in
Residence:

Mailing Address:

(if different than current)

City/State/Zip Code:

/ /

If length of time at current address is less than two years, please complete the following:

Previous Address:

City/State/Zip Code:

/ /

Number of Years in
Residence:

Applicant Employment Information

Present Employer:*

Position:

Years Employed with this
company:

Telephone Number:

- -

Co-Applicant Information

Type:

Select a Type

Other, Explain:

First Name:

Middle Initial:

Last Name:

Date of Birth:

/ /
(mm/dd/yyyy)

Social Security Number:

- -

Telephone Number:

- -

Email Address:

Mother's Maiden Name:

Driver's License Number
or Registered ID:

State Issued:

Date Expires:

/ /
(mm/dd/yyyy)

Address Information

Street Address:

(Street address required, not
PO Box)

City/State/Zip Code: / /

Number of Years in
Residence:

Mailing Address:
(if different than current)

City/State/Zip Code: / /

If length of time at current address is less than two years, please complete the following:

Previous Address:

City/State/Zip Code: / /

Number of Years in
Residence:

Co-Applicant Employment Information

Present Employer:

Position:

Years Employed with this
company:

Telephone Number: - -

Additional Account Information

Initial Deposit: \$

Source of Initial Deposit:

ATM or Debit Card: ATM
Debit Card

Applicant Backup Withholding Certification

Taxpayer ID Number:
(If Taxpayer ID is same as
your SSN, leave blank)

Under penalties of perjury, I certify that the following information is correct.

TAXPAYER ID NUMBER: My correct Taxpayer Identification Number (TIN) is shown above.

BACKUP WITHHOLDING: I am not subject to backup withholding because either I have not been notified of being subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

EXEMPT RECIPIENTS: I am an exempt recipient under the Internal Revenue Service (IRS) Regulations.

Notice: There is a small risk that information transmitted via internet email could fall into the wrong hands, so Impact Bank suggests that confidential information, such as account numbers or social security numbers, not be transmitted via email. For protection of your financial information, we believe it is best to print completed forms and mail or drop them off at our nearest branch. Thank you.

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24 N. Main
Caldwell, KS
620.845.6444

206 E. Harvey
Wellington, KS
620.326.3361

FEDERAL CONSUMER CREDIT DISCLOSURES

CREDIT DISCLOSURES: An insurance product or annuity may be offered to you. If you purchase an insurance product or annuity: (1) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the insurance product, including the possible loss of value. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

INSTRUCTIONS

After completing this application please mail or deliver to a location listed above. If you need assistance in completing this application please feel free to call us at the phone number listed above.

We sincerely appreciate the opportunity to serve you.

**Member
FDIC**



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