

# Change is easy....

Personal New Account Kit



MISSION VALLEY BANK

## IMPORTANT INFORMATION FOR YOU

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Last Rev. 01/2024

### **CALIFORNIA CONSUMER PRIVACY ACT NOTICE AT COLLECTION**

We are required to provide California residents with a Notice at Collection that details the categories of consumer personal information that the Bank collects, source used to collect the information, purpose for the collection of such information and parties with whom we share.

**We collect personal information on individuals only as allowed by law.** We limit the collection of personal information to what is relevant and necessary to accomplish a lawful purpose of the Bank. For example, we may need to know someone's address, telephone number and social security number, among other things, to properly identify the person and comply with other government requirements.

**The Bank does not sell or share any of the categories of personal information or categories of sensitive personal information we collect.**

This Notice at Collection is a short version of the full Notice at Collection available to you on the Bank's website. The Notice at Collection, the CCPA Privacy Policy and the MVB Privacy Policy applies **solely to individuals who are residents of the State of California.**

You may view and print at the Bank's website a copy of:

- The full Notice at Collection - <https://missionvalleybank.com/ccpa-notice-at-collection>
- The complete California Consumer Privacy Act Policy <https://www.missionvalleybank.com/california-consumer-protection-act-policy>
- MVB Privacy Policy <https://www.missionvalleybank.com/mvb-privacy-policy>

Or you may request a copy at these forms from the New Accounts staff.

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### **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the Government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your Driver's License or other identifying documents.

# Change is easy...

## Personal Account Information Kit

### How would you like the Account Titled?

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### What type of account(s) would you like us to open for you?

- Checking Account
- Interest Checking Account
- Basic Checking
- Money Market Checking
- Personal Savings Account
- Certificate of Deposit / Term: \_\_\_\_\_

### Account(s) will be held as:

- Individual
- Joint - With Survivorship
- Tenants In Common
- Community Property
- Trust
- Totten Trust (ITF)
- UGMA / UTMA
- Pay On Death Beneficiary (POD)
- Other: \_\_\_\_\_

### Additional Financial Tools Needed:

- |   |   |
|---|---|
| <input type="checkbox"/> Online Banking                         | <input type="checkbox"/> Mobile Banking |
| <input type="checkbox"/> Online Bill Payment Services           | <input type="checkbox"/> Credit Card    |
| <input type="checkbox"/> Direct Deposit                         | <input type="checkbox"/> ATM Card       |
| <input type="checkbox"/> Debit Card                             |   |
| <input type="checkbox"/> Incoming and/or Outgoing Wire Services |   |
| <input type="checkbox"/> Other? _____                           |   |

# Change is easy...

## Personal Account Information Kit

### Individual / Signer Information (please print)

#### Account Owner:

Full Name: \_\_\_\_\_ SSN #: \_\_\_\_\_  
(as appears on Driver's License)

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Driver's License (State of Issue, Number & Expiration): \_\_\_\_\_  
(A photocopy of your Driver's License will be taken for our files at the time we open your account)

Secondary ID (Type, Last Four Digits & Expiration): \_\_\_\_\_  
(Your Financial Services Representative will need to see the secondary I.D. at the time of account opening)

Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### Additional Signer Information (please print)

Full Name: \_\_\_\_\_ SSN #: \_\_\_\_\_  
(as appears on Driver's License)

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Driver's License (State of Issue, Number & Expiration): \_\_\_\_\_  
(A photocopy of your Driver's License will be taken for our files at the time we open your account)

Secondary ID (Type, Last Four Digits & Expiration): \_\_\_\_\_  
(Your Financial Services Representative will need to see the secondary I.D. at the time of account opening)

Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**(Please fully complete all of the above information – for more signers please photocopy this page)**



# MISSION VALLEY BANK

## Change is easy...

### Automatic / Pre-Authorized Debit Change Request

We suggest that you complete this form and mail it to each party with whom you have an arrangement for Automatic Debits (i.e. Mortgage, Insurance, etc.):

### Authorization to Change Automatic Debits

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

I am moving my account from (previous bank name): \_\_\_\_\_

Old Account Number: \_\_\_\_\_  Checking  Savings

Effective \_\_\_\_\_ (date), please begin charging my new account at **Mission Valley Bank** for my Direct Debits. My **new account information** is as follows:

**NEW** Account Number: \_\_\_\_\_  Checking  Savings

ABA / ROUTING #: **122243224**

**Attached is a voided check so that you may verify my account & ABA number.**

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Direct Debit / Account Reference Number: \_\_\_\_\_

Please confirm to me at the above phone number and/or address that this requested change has been made as instructed.

Thank you.

\_\_\_\_\_  
*Signature Authorizing Change* *Date*

*Please photocopy this form as necessary.*





MISSION VALLEY BANK

# Change is easy...

## Direct Deposit Change Request

We suggest that you complete this form and mail it to each depositor (your employer, Social Security, etc.) with whom you have an arrangement for Direct Deposit. You must inform each sender in order for you to receive proper credit.

### Authorization to Change Direct Deposit

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

I am moving my account from (previous bank name): \_\_\_\_\_

Old Account Number: \_\_\_\_\_  Checking  Savings

Effective \_\_\_\_\_ (date), please begin sending my Direct Deposit to my new account at **Mission Valley Bank**. My **new account information** is as follows:

**NEW** Account Number: \_\_\_\_\_  Checking  Savings

ABA / ROUTING #: **122243224**

**Attached is a voided check so that you may verify my account & ABA number.**

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Direct Debit / Account Reference Number: \_\_\_\_\_

Please confirm to me at the above phone number or address that this requested change has been made as instructed. Thank you.

\_\_\_\_\_  
*Signature Authorizing Change* *Date*

*Please photocopy this form as necessary.*



**PERSONAL ACCOUNT  
CUSTOMER DUE DILIGENCE**



**MISSION VALLEY BANK**

ALL PERSONAL ACCOUNT TYPES -- Complete All Questions 1 through 10  
PERSONAL DDA & MONEY MARKET -- Complete Questions 1 through 10 **AND** Anticipated Activity

- 1) Client Name: \_\_\_\_\_
- 2) Do you receive any income from hemp/cannabis business - directly or indirectly? \_\_\_\_\_
- 3) Will any funds on this account be used for the purchase/sale of crypto currency? \_\_\_\_\_
- 4) What is your specific Occupation: \_\_\_\_\_  
*If self-employed insert self-employed and then their occupation, i.e. Self-employed Flower Ship owner. If Retired insert their occupation when they retired, i.e. Retired-Fire Fighter.*
- 5) Are you a current MVB Client? \_\_\_\_\_
- 6) Is any authorized signer, grantor or fiduciary a Politically Exposed Persons (PEPs)? *(any Senior Foreign Political Figure, foreign government official or a foreign military official or a foreign government owned business entity, or related to / or a close associate of a PEP)*     Yes     No
- 7) Sources of Funds. \_\_\_\_\_
- 8) Source of Income / Wealth. \_\_\_\_\_
- 9) How did you hear about MVB? \_\_\_\_\_
- 10) Will you be applying for Mobile Banking? \_\_\_\_\_

<b>Source of Funds Options</b>	<b>Source of Income / Wealth Options</b>
1. Cash	1. Salary Income
2. Check – MVB check or account number	2. Foreign Political of Government Source Direct or Related
3. Check – Payroll - current employer	3. Inheritance Gift
4. Check on other local bank	4. Investment Earnings
5. Check on out-of-area bank	5. Legal Settlement
6. Direct Deposit	6. Rental Property
7. Official item on local bank (Cashier’s Check)	7. Retirement Income
8. Official item on out-of-area bank (Cashier’s Check)	8. Royalties Residuals
9. Money Orders	9. Sale of Property
10. Incoming Wire	10. Self-Employment
	11. Sold Business

**ANTICIPATED ACTIVITY INFORMATION**

Please provide the *monthly average* expected activity to be transacted through this account.

Please complete each item with a dollar amount or N/A.

Total Expected Deposit: \$ \_\_\_\_\_  
(including checks and cash)

Expected checks to be written: \$ \_\_\_\_\_

Expected cash to be deposited: \$ \_\_\_\_\_

Expected cash withdrawals: \$ \_\_\_\_\_

Expected outgoing domestic wire activity: \$ \_\_\_\_\_

Expected incoming domestic wire activity: \$ \_\_\_\_\_

Expected outgoing international wire activity: \$ \_\_\_\_\_

List ALL countries for wire sent: \_\_\_\_\_

\_\_\_\_\_

Expected incoming international wire activity: \$ \_\_\_\_\_

List ALL countries for wire received: \_\_\_\_\_

\_\_\_\_\_

ACH Credits to your account: \$ \_\_\_\_\_

ACH Debits to your account: \$ \_\_\_\_\_





## MISSION VALLEY BANK

### **Santa Clarita OFFICE**

26701 McBean Parkway, Suite 100  
Valencia, CA 91355  
PHONE: 661·253·9500  
FAX: 661·259·4461

### **SUN VALLEY OFFICE**

9116 Sunland Boulevard  
Sun Valley, CA 91352  
PHONE: 818·394·2300  
FAX: 818·394·2035

