



**BANK OF DENVER
ONLINE APPLICATION FOR DEPOSIT ACCOUNTS**

NOTE: BANK OF DENVER WILL ONLY OPEN ACCOUNTS FOR CUSTOMERS LOCATED WITHIN BANK OF DENVER TRADE AREAS IN COLORADO. If you wish to continue, please print this form and complete the information requested. By submitting the information below, you authorize Bank of Denver to verify previous banking relationships with Chex Systems.

Do you currently have an account with Bank of Denver	Please Mark the Correct Box: <input type="checkbox"/> yes <input type="checkbox"/> no
How did you hear about Bank of Denver?	Please Mark the Correct Box: <input type="checkbox"/> Mail <input type="checkbox"/> Banner <input type="checkbox"/> Sign/Walk-by <input type="checkbox"/> Newspaper <input type="checkbox"/> Customer Referral <input type="checkbox"/> Officer Call <input type="checkbox"/> Other _____

OWNERSHIP (SELECT ONE):

PERSONAL: <input type="checkbox"/> Single Owner (Individual) <input type="checkbox"/> Joint <input type="checkbox"/> Payable on Death	BUSINESS: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Organization/Association
Type of Account: Please mark the appropriate box →.	<input type="checkbox"/> E-Checking Account <input type="checkbox"/> Regular Checking <input type="checkbox"/> Try Us . . . Checking <input type="checkbox"/> Regency Checking Account (Over 55 years) <input type="checkbox"/> NOW Account <input type="checkbox"/> Personal Money Market Account <input type="checkbox"/> Regular Savings Account <input type="checkbox"/> Minor Savings Account <input type="checkbox"/> Individual Retirement Account <input type="checkbox"/> Business Checking <input type="checkbox"/> Business Money Market <input type="checkbox"/> Business NOW <input type="checkbox"/> Business Savings <input type="checkbox"/> Certificate of Deposit

PRIMARY ACCOUNT HOLDER/BUSINESS

First Name:	Last Name:
Social Security Number:	
Business Name: (if you selected a business account)	
Employer Identification Number: (for businesses)	
Current Address:	Mailing Address:
City:	City:
State/Zip:	State/Zip:
Home Phone:	Work Phone:
Cell Phone:	Email Address:
Date of Birth:	Mother's Maiden Name:
Employed by:	Employer Address:

SECONDARY ACCOUNT HOLDER

First Name:	Last Name:
Social Security Number:	
Current Address:	Mailing Address:
City:	City:
State/Zip:	State/Zip:

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Home Phone:	Work Phone:
Cell Phone:	Email Address:
Date of Birth:	Mother's Maiden Name:
Employed by:	Employer Address:
PAYABLE ON DEATH BENEFICIARY (If you selected POD Ownership) OR IRA BENEFICIARY	
First Name:	Last Name:
Social Security Number:	Date of Birth:
Current Address:	City/State/Zip:
SIGNERS ON ACCOUNT (If you selected business account)	
SIGNER #1	
First Name:	Last Name:
Social Security Number:	Date of Birth:
SIGNER #2	
First Name:	Last Name:
Social Security Number:	Date of Birth:
SIGNER #3	
First Name:	Last Name:
Social Security Number:	Date of Birth:
SIGNER #4	
First Name:	Last Name:
Social Security Number:	Date of Birth:
COMPLETE ACCOUNT	
<p>(You may complete your paperwork and receive your temporary checks at any of our locations)</p>	<p>Please Mark the Correct Box:</p> <p><input type="checkbox"/> Corporate Office (17th and Clarkson)</p> <p><input type="checkbox"/> Golden Triangle Branch (Colfax and Fox Street)</p> <p><input type="checkbox"/> Leetsdale (Leetsdale and Holly)</p> <p><input type="checkbox"/> Uptown (17th and Clarkson)</p>
<p>You may complete your paperwork and submit it to us in several ways:</p>	<p>Attn: Online Banking Administrator</p> <p>Fax to: 303-623-0624</p> <p>Mail to: P. O. Box 5081 Denver, Co 80217</p> <p>In person.</p>

THANK YOU FOR APPLYING FOR A BANK OF DENVER ACCOUNT. PLEASE CALL US AT 303-572-3600 WITH ANY QUESTIONS