

Change is easy....

Personal New Account Kit



MISSION VALLEY BANK

Your Success is Our Mission.

IMPORTANT INFORMATION FOR YOU

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.

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.

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How would you like the Account Titled?

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? _____ | |

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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.



Updated 08/2023



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.



Updated 08/2023



**PERSONAL ACCOUNT
CUSTOMER DUE DILIGENCE**



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? _____

Source of Funds Options	Source of Income / Wealth Options
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: \$ _____



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