

For Bank Use Only:  
Banker's Preferred ID \_\_\_\_\_ Print Banker Name \_\_\_\_\_

Choose One: Individual Account Joint Account

Choose One: Visa Platinum Travel Rewards Visa Platinum Cash Rewards Visa Platinum College Rewards Visa Young Adult Visa  
(UPV SC 7157 PC 460) (UPT SC 7156 PC 463) (REWP SC 7158 PC 1226) (UCC SC 7159 PC 464) (YAC SC 7155 PC 467)

Note: If no selection is made we will automatically consider you for a Visa Platinum Card. Should you select more than one card, you will be processed for the first selection in the order presented.

### 1. Applicant Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cellular Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Address (no P.O. Boxes allowed) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### 2. Co-Applicant Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cellular Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Address (no P.O. Boxes allowed) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### 3. Financial Information (All applicants must complete this section)

Current Employer \_\_\_\_\_ Phone Number \_\_\_\_\_ How Long? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
Applicant's/Consigner's Annual Income \_\_\_\_\_ Own Home \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_ Monthly Mortgage/Rental Amount \_\_\_\_\_  
Co-Applicant's Annual Income \_\_\_\_\_ Please check your Financial Relationships \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Money Market/Investment \_\_\_\_\_

### 4. Overdraft Protection

If you have a U.S. Bank personal checking account, you may apply for U.S. Bank Overdraft Protection access by checking the box below. This feature will automatically advance funds in \$25 increments from your U.S. Bank Visa Card to cover checking account overdrafts. this application must be signed when applying for the following service.

I want U.S. Bank Overdraft Protection. I have signed the application and provided my checking account number below. Overdraft Protection transactions will be billed to my U.S. Bank Visa Card as a Cash Advance.

U.S. Bank Checking Account Number: \_\_\_\_\_ (12 digits)

### 5. Signatures

#### IMPORTANT INFORMATION ABOUT 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 for you: When you open an account, we will ask for your name, address (P.O. Boxes are not allowed under Federal Law), date of birth and other information (including your Social Security or Tax Payer Identification Number) that allows us to identify you. We may ask to see your driver's license or other identifying documents.

By submitting this application, I request that: (a) any credit of PIN issued to me or selected by me under this application will access multiple checking, savings, line of credit and credit card account(s) in my name at U.S. Bank or any of its bank affiliates; and (b) any account opened under this application may be accessed by any card(s) or PIN(s) that have been selected by me or issued to me by U.S. Bank or any of its bank affiliates. "Access" means use of a card or account number and PIN to conduct a transaction or obtain information at ATM's or via telephone, personal computer banking, or any other available method. There are no additional fees or charges for expanded account access. The fees and terms disclosed for each account apply. I understand that at U.S. Bank ATM's this expanded account access may be available for up to five checking, five savings and five line of credit or credit card accounts, and that other ATM's and with other methods of access, other limitations may apply.

I understand that U.S. Bank National Association ND ("U.S. Bank") will rely on the information provided here in making its credit decision, and certify that such information is accurate and complete to the best of my knowledge. If U.S. Bank opens an account based on this application, I will be individually and jointly liable if this is a joint account, for all authorized charges and for all fees referred to in the most recent Cardmember Agreement, which may be amended from time to time. I authorize U.S. Bank, in determining my eligibility for credit, renewal of credit, and future credit extensions, to verify my employment and income and all other information I have provided, and obtain information about me, including my residence address, from other creditors, credit bureaus, employers, third parties, and federal and state records, including any state motor vehicle department, and waive any rights of confidentiality I may have in that information under applicable law. By signing, I certify that I read and understood the disclosures here and I agree to the terms of this application.

**X** \_\_\_\_\_  
Signature of Applicant Date

**X** \_\_\_\_\_  
Signature of Co-Applicant Date