



August 9, 2017

To Hynes Charter School Parents:

I am so excited to continue the Whitney Bank/ Hynes Charter School partnership for the **BANK AT SCHOOL** program. It is very rewarding to see how excited the children are when they come in on "Whitney Wednesday". We have established a set day every month for "Whitney Wednesday" which will be the 2nd Wednesday of every month beginning in September and concluding in May.

The following dates have been set:

September 13, 2017

October 11, 2017

November 8, 2017

December 13, 2017

January 10, 2017

February 7, 2017

March 14, 2017

April 11, 2017

May 9, 2017

We look forward to seeing the kids on the above dates and if you haven't signed up yet you still have time. Please visit the Harrison Ave Whitney Branch to get the account started with as little as \$5.00.

Have a great school year!

Thank you,

Holly Henderson

Holly Henderson

Branch Manager/Lakeview Branch

Michelle Douglas

Michelle Douglas

Principal/CEO

Parent Information:

Name: _____

Date of Birth: _____

Address: _____

Social Security Number: _____

Driver's License Information:

Number _____ Issue Date _____ Expiration Date _____

Phone Number: _____ Work Number: _____

Employer Name: _____

Email Address: _____

*****Please provide a copy of driver's license to the bank.*****

Student Information:

Name: _____

Date of Birth: _____

Address: _____

Social Security Number: _____

Phone Number: _____

Whitney Bank

Branch Name: Lakeview Branch

Name/User ID: Holly Henderson

ACCOUNT NUMBER

Empty box for account number

ACCOUNT OWNER(S) NAME & ADDRESS

Empty box for account owner name and address

OWNERSHIP OF ACCOUNT - CONSUMER PURPOSE

INDIVIDUAL/SINGLE PARTY

JOINT/MULTIPLE PARTY (LA/AL ONLY)

JOINT/MULTIPLE PARTY W/ SURVIVORSHIP (FL/MS/AL/TX ONLY)

TRUST _____

PAYABLE ON DEATH _____

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

SOLE PROPRIETORSHIP

CORPORATION: FOR PROFIT NOT FOR PROFIT

PARTNERSHIP LIMITED LIABILITY COMPANY

NON PROFIT ORGANIZATION

BUSINESS: _____

DATE OPENED _____ BY _____

INITIAL DEPOSIT \$ _____

CASH CHECK _____

FIRST PARTY:

HOME TELEPHONE # _____

BUSINESS PHONE # _____

DRIVER'S LICENSE # _____

EMPLOYER _____

MOTHER'S MAIDEN NAME _____

Name and address of _____

someone who will always _____

know your location: _____

SECOND PARTY:

HOME TELEPHONE # _____

BUSINESS PHONE # _____

DRIVER'S LICENSE # _____

EMPLOYER _____

MOTHER'S MAIDEN NAME _____

Name and address of _____

someone who will always _____

know your location: _____

TYPE OF ACCOUNT CHECKING SAVINGS

MONEY MARKET CERTIFICATE OF DEPOSIT

NOW _____

This is your (check one):

Permanent Temporary account agreement.

THE UNDERSIGNED AGREE(S) TO THE TERMS STATED ON THIS PAGE AND ACKNOWLEDGE(S) RECEIPT OF A COPY HEREOF AND THE FOLLOWING DISCLOSURES, IN ADDITION TO A COMPLETED COPY OF THE BANK'S DEPOSIT AGREEMENT WHICH CONTAINS THE TERMS AND CONDITIONS OF THE ACCOUNT, AND UNDERSIGNED HEREBY AGREES TO THE TERMS OF THE DEPOSIT AGREEMENT AND THE FOLLOWING DISCLOSURES:

- Electronic Funds Transfer Disclosure
- Privacy Policy
- Truth in Savings Disclosure
- Funds Availability Disclosure



W9 BACKUP WITHHOLDING CERTIFICATIONS

"U.S. Persons" - Use separate form W-8)

I, _____, certify under penalties of perjury that the statements made in this section are true.

TIN: _____

The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. N/A

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

[_____ DATE _____]

SSN _____ D.O.B. _____

ID TYPE/# _____

ISSUE DATE _____ EXP. DATE _____

[_____ DATE _____]

SSN _____ D.O.B. _____

ID TYPE/# _____

ISSUE DATE _____ EXP. DATE _____

[_____ DATE _____]

SSN _____ D.O.B. _____

ID TYPE/# _____

ISSUE DATE _____ EXP. DATE _____

[_____ DATE _____]

SSN _____ D.O.B. _____

ID TYPE/# _____

ISSUE DATE _____ EXP. DATE _____

AUTHORIZED SIGNER

[_____ DATE _____]

SSN _____ D.O.B. _____

ID TYPE/# _____

ISSUE DATE _____ EXP. DATE _____

