

NEW ACCOUNTS APPLICATION

It's never been easier or more convenient to open your account(s) than with Avidia Bank's New Account Application.

Here's how:

1. Print application and indicate which account(s) you want to open and the amount of your opening deposit.
2. Complete all shaded areas on the signature card.
3. Prepare a check or money order in the amount of your opening deposit(s) made payable to Avidia Bank.
4. Bring your application and check to the nearest office of Avidia Bank.

Due to the passage of the "USA Patriot Act," we are required to notify customers of the following information:

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, date of birth and any other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents.

I. ACCOUNTS AND SERVICES

Please sign me up for...

Smart Checking (Minimum opening balance \$100) *Completed by Avidia*
Initial deposit amount \$ _____ *(account #) _____*

- Avidia Bank Visa Check Card (Your ATM/Debit Card) available with application and approval.

I would like the following information printed on my checks:

Name Joint Account Holder's Name Address Phone #

Other _____

Value Now (Minimum opening balance \$750) *Completed by Avidia*
Initial deposit amount \$ _____ *(account #) _____*

Super Now (Minimum opening balance \$2,000) *Completed by Avidia*
Initial deposit amount \$ _____ *(account #) _____*

Money Market Deposit Account (Minimum opening balance \$1,000) *Completed by Avidia*
Initial deposit amount \$ _____ *(account #) _____*

I understand the above accounts will generate an image statement and that I will not receive my physical checks back.

Smart Statement Savings (Minimum opening balance \$10.00) *Completed by Avidia*
Initial deposit amount \$ _____ *(account #) _____*

Certificate of Deposit (Minimum Opening balance \$1,000) *Completed by Avidia*
Initial deposit amount \$ _____ *(account #) _____*

Term : _____ months _____ year(s)

Access Account(s): Free Internet Banking Free Telephone Banking

CSR Name: _____ Date: _____

II. SIGNATURE CARD

Type of Account Smart Checking Smart Statement Savings
 Money Market Deposit Account Certificate Of Deposit

Identification

Name _____

Address _____

City, State Zip _____

Soc. Sec. # / T.I.N. _____

Home/Business Phone (____) _____ - _____ / (____) _____ - _____ **EXT:** _____

(1) **Driver's License No.** _____ **Date of Birth** ____/____/____

S/S# _____

Unique Identifiers

(2) **Driver's License No.** _____ **Date of Birth** ____/____/____

S/S# _____

Unique Identifiers

----- (FOLD) -----

ACCOUNT NO.	TYPE	SIG. REQ.	DATE
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By signing this document the undersigned has opened the type of account designated above and acknowledge(s) receipt of the Deposit Account Agreement and a copy of this Institution's Funds Availability Policy. If the account is designated as a consumer account, the undersigned acknowledge(s) receipt of an Account Disclosure. If the account is in the name of a business entity, the undersigned is (are) acting on behalf of the business entity. If this account is designated as a joint account, the undersigned acknowledge they have received and read the terms of the joint accounts in the Deposit Account Agreement. Further, the undersigned authorize this institution to make inquiries about their individual credit, such as a credit report.

AUTHORIZED SIGNATURES	NAMES AND/OR TITLES

YOU ARE REQUIRED TO COMPLETE TAXPAYER IDENTIFICATION NUMBER CERTIFICATION ON PAGE 3.

PHONE	SIG. REQ.	ACCOUNT NUMBER	DATE
Title of Account			
Authorized Signature x			
Authorized Signature x			
Authorized Signature x			
Authorized Signature x			

In Trust For Account

NAME AND ADDRESS OF BENEFICIARY: (Complete if applicable)

EMPLOYER INFORMATION OF BENEFICIARY:

Employer Name _____

Employer Phone No. (____) _____ - _____ EXT: _____

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, you certify (1) that the number you provided shown on Page 1 of this form is your correct taxpayer identification number and (2) that you are not subject to back-up withholding either because you have not been notified that you are subject to back-up withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified you that you are no longer subject to back-up withholding. (NOTE: If we have been notified that back-up withholding has been terminated, then we must strike out clause (2) above.)

Under penalties of perjury, you certify that you are an exempt recipient as defined by the Internal Revenue Code and its Regulations.

APPLIED FOR DECLARATION

Under penalties of perjury, you certify (1) that a taxpayer identification number has not been issued to you and that you mailed or delivered an application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office (or you intend to mail or deliver an application in the near future). You understand that if you do not provide a taxpayer identification number to us within (60) days, we are required to withhold federal income tax on all reportable payments thereafter made to you until you provide a valid number and that other penalties may apply. The amount of federal income taxes withheld will be determined by applying the applicable back-up withholding rate, as established by the Internal Revenue Service, to the reportable payments. (2) That you are not subject to back-up withholding either because you have not been notified that you are subject to back-up withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified that you are no longer subject to back-up withholding. (NOTE: (If we have been notified by the Internal Revenue Service that we are subject to back-up withholding and have not been notified that back-up withholding has been terminated, then we must strike out clause (2) above.)

SIGNATURE

DATE

SIGNER ALSO AGREES THAT THE BANK MAY OBTAIN ANY CREDIT REFERENCE NECESSARY INCLUDING BUT NOT LIMITED TO NATIONAL CHECK PROTECTION SERVICES INC., AND CHEX SYSTEMS

I UNDERSTAND THAT THIS ACCOUNT WILL GENERATE AN IMAGE STATEMENT AND THAT I WILL NOT RECEIVE MY PHYSICAL CHECKS BACK

SIGNATURE

DATE