Form DEP-MC

(For office use only)
Account No._____

Member FDIC

STATE BANK OF INDIA

Deposit Section
460 Park Avenue, New York, NY 10022
Tel: 212-521-3283 to 87 Fax: 212-521-3361 Email: amdep.nyb@statebank.com

Application for MMD / Checking Account

(New customers should fill out this form along with Form DEP-1)

Application for	☐ Money Market Deposit Account ☐ Checking Account
CUSTOMER NUMBER (New customers may leave this blank)	

I / We request you to open the account(s) as mentioned above with your branch. I / We have read and understand the terms and conditions governing the account(s). I/We acknowledge the receipt of the interest rate chart applicable for Money Market Deposit Accounts.

Purpose of Account (Check all that are applicable)	☐ Savings ☐ Sending remittances to India ☐ Receiving Social Security benefits ☐ Receiving salary ☐ Others (specify)
Usual Activity in the Account	☐ Collection of checks ☐ Issue of checks ☐ Cash receipts/payments ☐ Receipt of wire transfers ☐ Issue of wire transfers ☐ Others (specify) No. wire transfers per month _____ _____ Volume of cash transactions per month _____
Expected Annual Volume of Transactions	☐ < $10,000 ☐ $10,000 - $25,000 ☐ $25,000 - $50,000 ☐ $50,000 - $100,000 ☐ $100,000 - $150,000 ☐ > $150,000
Source of Funds (Check all that are applicable)	☐ Current income/wages ☐ Past savings ☐ Pension / S.S. Benefits ☐ Rent ☐ Liquidation of investments ☐ Sale of property ☐ Others *(specify)*:
Mode of First Deposit	☐ Debit my/our existing Checking / MMD account with you, ***OR*** ☐ Check No. _____ attached

Do you want check book on this account? ☐ Yes ☐ No
(Check books are charged. No temporary checks are issued.)

1st Applicant	2nd Applicant	3rd Applicant
Signature:	Signature:	Signature:
Name:	Name:	Name:

Date: Place:

Ver: 031805