



PNC School Bank Program

Child's Information

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ - _____ - _____

(If your child is a US Citizen or a Resident Alien, the account can not be opened without a Social Security Number.)

Date of Birth: ____/____/____ Teacher's Name: _____

Telephone Number: (____) ____ - _____

Please check one below:

Citizenship: _____ US Citizen _____ Resident Alien _____ Nonresident Alien *

_____ Has a pre-existing PNC account that they may use.

_____ Has permission to participate in the PNC School Bank Program.

_____ Does Not have permission to participate in the program.

Student Signature

Date

Please fill out the information front and back, sign and return to your child's teacher or a PNC Bank Representative in a sealed envelope marked "School"

PNC BANK, Member FDIC

Parent's Information

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ - _____ - _____

(If you are a US Citizen or a Resident Alien, the account can not be opened without a Social Security Number.)

Date of Birth: ____/____/____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____

Driver's License: # _____ State _____

Date Issued _____ Date Expires _____

Other Form of ID: _____

Please check one below:

Citizenship: _____ US Citizen _____ Resident Alien _____ Nonresident Alien *

Employer: _____ Occupation: _____

Are you currently or have you ever been a foreign government official, an official of a major foreign political party; or are an immediate family member, close associate, acting at the direction of or for the benefit of either of those officials or their corporations or businesses? Yes _____ No _____

By signing below you are giving your permission to open a minor's savings account for your child through and in cooperation with PNC Bank.

Parent Signature

Date