



WACHOVIA

Uncommon Wisdom

USA PATRIOT ACT – Section 326 Customer Notice: To help fight the funding of terrorism and money laundering activities, federal law requires that financial institutes to obtain, verify, and record information that identifies each person who opens an account. Application cannot be processed if fields in bold are not completed.

US Citizen Yes__ or No__ Non-Resident Alien (n/a Canadian Customers)

In addition to the completion of the College Account Application, the following items may be requested prior to account opening: Copies of all pages of a valid unexpired Passport or copies of a valid unexpired Visa

- Completed W-8 Form – if applicable
- Identification Card or Drivers License

Completed Customer Profile Form for Non-resident Aliens

CONFIDENTIAL Wachovia @ Work Program APPLICATION PLEASE PRINT CLEARLY

Employer's NAME: SOUTHEASTERN UNIVERSITY		Employer Code: 008215	
<input type="checkbox"/> New Customer <input type="checkbox"/> Existing Customer		Date of employment:	
NAME		SOCIAL SECURITY NUMBER	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH	
DRIVER LICENSE NUMBER		STATE	
ISSUE DATE / EXP. DATE			
EMPLOYER ADDRESS:		CITY	
		STATE	
		ZIP CODE	
HOME ADDRESS:		HOME PHONE AND AREA CODE: _____	
		CELL PHONE AND AREA CODE: _____	
EMAIL ADDRESS:			
JOINT ACCOUNT RELATIONSHIP:		DATE OF BIRTH:	
NAME		SOCIAL SECURITY NUMBER:	
EMPLOYER:		DRIVERS LICENSE NUMBER:	
WORK NUMBER:		ISSUE DATE/EXP. DATE:	
HOME NUMBER:		ADDRESS IF DIFFERENT FROM ABOVE:	
EMAIL ADDRESS:			
WACHOVIA PRODUCTS/SERVICES REQUESTED:			
<input type="checkbox"/> W@W Regular Checking <input type="checkbox"/> Premium Savings <input type="checkbox"/> Way2Save <input type="checkbox"/> Credit Card <input type="checkbox"/> Order Checks: Duplicate Checks? Yes__ or NO__ <input type="checkbox"/> DEBIT CARD w/ VISA LOGO 4 DIGIT PIN: _____		<input type="checkbox"/> FREE ONLINE BANKING <input type="checkbox"/> FREE BILLPAY SELECT CODE WORD: <input type="checkbox"/> LOAN INFORMATION <input type="checkbox"/> OVERDRAFT PROTECTION	

Customer Signature*

Date

*This is not an application for credit. Account is subject to approval. Please sign above, allowing Wachovia to perform Chexsystems and Equifax verifications.

PLEASE FAX TO: Baretta Oliver FAX (863) 499-1380 MAIL to 1000 Longfellow Blvd Lakeland, FL 33801 or EMAIL to Baretta.Oliver@Wachovia.com