

Direct Connect with Quicken[®] Application



COMPLETE, PRINT, SIGN and RETURN this form to your City National branch or mail to City National Bank, c/o New Accounts, PO Box 54830, Los Angeles, CA 90054-0830. An application with signature is required for use of Direct Connect with Quicken[®].

Applicant Information			
Full Name: _____	Last 4 digits of SSN: _____		
Business Name (if applicable): _____	Last 4 digits of TIN: _____		
Street Address: _____			
City: _____	State: _____	Zip: _____	
Home Phone: _____	Work Phone: _____	Ext: _____	
Mother's Maiden Name: _____		Email Address: _____	

Software Requirements	
<input type="checkbox"/> I understand that this service requires that I use Quicken for Windows or Mac from the current year or prior 2 years.	
Enter the full account numbers for the accounts you wish to access.	
<input type="checkbox"/> Personal Accounts Only	<input type="checkbox"/> Personal and Business Accounts

Specify a primary checking account to be used for bill payments and any service fees:	
Account Number: _____	See our Online Banking Fee Schedule for pricing.

Account-to-Account Transfers - Enter the account numbers for the accounts you wish to transfer from and to.					
<i>Note: Check the bi-directional box if allowing transfers to and from accounts listed below.</i>					
I hereby authorize City National Bank to allow for the transfer of funds between the City National accounts indicated below, through the use of the Direct Connect with Quicken service.					
From Account	To Account	Bi-Directional	From Account	To Account	Bi-Directional
1 _____	_____	<input type="checkbox"/>	4 _____	_____	<input type="checkbox"/>
2 _____	_____	<input type="checkbox"/>	5 _____	_____	<input type="checkbox"/>
3 _____	_____	<input type="checkbox"/>	6 _____	_____	<input type="checkbox"/>

Authorization and Agreement:		
I request the services indicated above. I agree to be bound by the terms and conditions for these services as stated in the City National Online Access Agreement and Disclosure, the Account Agreement and Disclosures and applicable fee schedules, as well as any amendments to these agreements and schedules, if I continue to use the services after receipt of notice of such amendment. I agree that I am an owner of, and authorized to sign and request information on, the account(s) listed above and I will be the only person authorized to request and receive password information for the Direct Connect Service.		
Signature _____	Printed Name _____	Date _____

Once you have completed and signed this form, please return to your City National branch or mail to: City National Bank, c/o New Accounts, PO Box 54830, Los Angeles, CA 90054-0830.

FOR BANK COLLEAGUE USE ONLY	
The following ID was used to verify the client:	Account Officer Name: _____
<input type="checkbox"/> Driver's License <input type="checkbox"/> Other:	_____
	Officer Signature

Branches: Send this form to Central Operations — Direct Connect (#025)