



IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm this information. This information is protected by our privacy policy and federal law.

APPLICANT INFORMATION

Name:		Birthdate:
Physical Address:		City, State, ZIP:
Mailing Address: (if different)		City, State, ZIP:
Home Phone:	Work Phone:	Cell Phone:
SSN:	Employer:	Occupation:
Primary ID Type: Choose an item.	Date Issued:	Date Expires:
ID Number:	Email:	
Security PIN/Word:		Mother's Maiden Name:

JOINT APPLICANT INFORMATION ☐ **NEW** ☐ **EXISTING (NAME ONLY & RIM #)**

Name:		Birthdate:
Physical Address:		City, State, ZIP:
Mailing Address: (if different)		City, State, ZIP:
Home Phone:	Work Phone:	Home Phone:
SSN:	Employer:	Occupation:
Primary ID Type: Choose an item.	Date Issued:	Date Expires:
ID Number:	Email:	
Security PIN/Word:		Mother's Maiden Name:

ACCOUNT PURPOSE/SOURCE OF FUNDS/ACTIVITY

As a full-service community bank, we are committed to providing our customers with financial products and services that meet their complete financial needs. To assist us with determining whether the products and services you have selected are appropriate, please provide the following information:

What is the purpose of the account(s) you are opening today? Choose an item. Please describe Other:

On a **regular monthly basis**, do you expect to:

1. Make deposits, withdrawals or loan payments of cash > \$5,000? ☐ Yes ☐ No
2. Purchase cashier's checks, money orders, gift cards, etc. with cash over \$3,000? ☐ Yes ☐ No
3. Send ACH/automatic payments? ☐ Yes ☐ No If Yes: ☐ Domestic (US) ☐ Foreign ☐ Both
4. Send/Receive wire transfers? ☐ Yes ☐ No If Yes: ☐ Domestic (US) ☐ Foreign ☐ Both

I certify that everything I have stated in this application and on any attachment is correct. You may keep this application whether or not it is approved. By signing below, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request or if my financial condition changes.

Applicant's Signature:	Date:
Joint Applicant's Signature:	Date:

THIS SECTION FOR INTERNAL USE					
APPLICANT					
IDENTIFICATION VERIFICATION METHODS					
Documentary (check type of ID obtained and scan or attach)					
Employee Name:					
Name and phone number of customer's nearest relative (not living with them):					
Primary ID type: ☐ Driver's License ☐ State Issued ID ☐ Military ID ☐ Passport ☐ Other Government Issued ID					
Non-Documentary					
Chex Systems	☐	Welcome Letter	☐	Social Security Card	☐
Financial Statement	☐	Birth Certificate	☐	Other: _____	☐
JOINT APPLICANT					
IDENTIFICATION VERIFICATION METHODS					
Documentary (check type of ID obtained and scan or attach)					
Employee Name:					
Name and phone number of customer's nearest relative (not living with them):					
Primary ID type: ☐ Driver's License ☐ State Issued ID ☐ Military ID ☐ Passport ☐ Other Government Issued ID					
Non-Documentary					
Chex Systems	☐	Welcome Letter	☐	Social Security Card	☐
Financial Statement	☐	Birth Certificate	☐	Other: _____	☐