New Account Opening Form (Individual)

❑ Add/Change Signer

Account Type Opened

❑ Checking - account #_____ ❑ CD - account # _____

❑ Savings - account #_____ ❑ IRA - account # _____

❑ HSA - account #_____

❑ Money Market - account # _____

Primary Account Owner _____ **SS#** _____

Address _____ **City, State, Zip**_____

Home Phone _____ **Cell Phone** _____

Existing Customer ❑ Yes ❑ No   U.S. Citizen ❑ Yes ❑ No   Date of Birth: _____

Occupation: _____   Employer: _____

(If you are retired or unemployed, what from?)

Secondary Account Owner/Signer _____ SS# _____

Existing Customer ❑ Yes ❑ No   U.S. Citizen ❑ Yes ❑ No   Date of Birth: _____

Occupation: _____   Employer: _____

(If you are retired or unemployed, what from?)

==**Fill in remainder of box for secondary account owner/signer only.**==

Physical Address: _____

County: _____   Home Phone: _____

Work Phone: _____   Cell Phone: _____

This section is not required for existing business owners or business signers;
or CD, HSA, IRA accounts

What brought you to Bank?

❑ Already have relationship with bank   ❑ Location

❑ Product   ❑ Dissatisfied with current bank

❑ Relationship with banker   ❑ Other _____

What other banks do you have accounts with? _____

_____

How often will you make deposits?

❑ Every day   ❑ Weekly   ❑ Once a month

❑ Couple times a week   ❑ Couple times a month   ❑ Other _____

Do you/will you have any automatic:

Deposits?   ❑ Yes   ❑ No

Withdrawals?   ❑ Yes   ❑ No

Do you/will you make a lot of large (over $3000)

deposits or withdrawals?   ❑ Yes   ❑ No

If yes, please explain: _____

Do you plan to conduct wire transfers through this account(s)?	❑ Yes ❑ No		
If yes, estimated frequency is:	❑ Daily ❑ Weekly	❑ Monthly	❑ Occasionally
If yes, estimated amount of wire transfers are:	❑ Under $3,000 ❑ $3,000-$10,000	❑ over $10,000	
If yes, wire transfers will be:	❑ Domestic	❑ Foreign	❑ Both
Do you/will you use a bank-issued ATM or Debit Card?	❑ Yes ❑ No		
Do you/will you use Online Banking?	❑ Yes ❑ No **Email address:**_____		
Do you/will you use Bill Pay?	❑ Yes ❑ No		
Do you/will you use ACH?	❑ Yes ❑ No		
Do you /will you use Mobile Banking?	❑ Yes ❑ No		

Will any financial transactions affecting this account originate or have a destination outside the U.S.?   ❏ Yes   ❏ No

If yes, indicate countries and explain: _____

Opened by: _____   Date: _____

Source of Funds: ❏ Cash
                        ❏ Check   From Drawee Bank: _____
                        ❏ Internal Transfer
                        ❏ Wire   From: _____
                        ❏ Other   _____

Primary Account Owner

Identification Documentary Methods Used: *Required for Non-Existing Customers*

Primary ID - One of the Following:
- ❏ Drivers License
- ❏ State ID Card
- ❏ Passport

- ❏ Military ID (Do not photocopy, just record info below.)
- ❏ Other Government Issued ID
- ❏ Other _____

Secondary ID - Two of the Following: (Only required if NO primary ID)
- ❏ Social Security Card
- ❏ Birth Cirtificate
- ❏ State-Issued Licence or Registration

- ❏ Alien Registraion Card
- ❏ Medicare/Medicaid Card for elderly (62+) individuals
- ❏ Other _____

❏ *Scan copy of ID used for CIP*

Non-Documentary Methods Used:
- ❏ ID Verification - ***required***
- ❏ Other _____

- ❏ ChexSystems

Secondary Account ❏ **Owner**   ❏ **Signer**   ❏ **POA**

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❏ *Scan copy of ID used for CIP*

Non-Documentary Methods Used:
- ❏ ID Verification - ***required***
- ❏ Other _____

- ❏ ChexSystems

Comments:

Reviewed by: _____ Date: _____ Non-existing Customer Risk Rating: _____