



Consumer Information Worksheet

PRIMARY CUSTOMER INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN/ITIN: \_\_\_\_\_ DL#: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_ Email: \_\_\_\_\_

New Customer:  Yes  No US Citizen:  Yes  No (List Country of Residence): \_\_\_\_\_

If you are not a US Citizen, are you a:  Resident Alien  Non-Resident Alien (W-8 form required for INTEREST-BEARING accounts)

Account Type:  Checking  Savings  Money Market  Loan  CD  Safe Deposit Box  Other \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Length of Time at Current Residence: \_\_\_\_\_ Are you currently an active Servicemember?  Yes  No

Are You a Politically Exposed Person ("PEP")? Current or former Senior Foreign Political Figure, a Close Associate, or Family Member of a Foreign Political Figure?  Yes  No

SECONDARY CUSTOMER INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN/ITIN: \_\_\_\_\_ DL#: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_ Email: \_\_\_\_\_

New Customer:  Yes  No US Citizen:  Yes  No (List Country of Residence): \_\_\_\_\_

If you are not a US Citizen, are you a:  Resident Alien  Non-Resident Alien (W-8 form required for INTEREST-BEARING accounts)

Account Type:  Checking  Savings  Money Market  Loan  CD  Safe Deposit Box  Other \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Length of Time at Current Residence: \_\_\_\_\_ Are you currently an active Servicemember?  Yes  No

Are You a Politically Exposed Person ("PEP")? Current or former Senior Foreign Political Figure, a Close Associate, or Family Member of a Foreign Political Figure?  Yes  No

Account Information

Source of Initial Deposit:  Cash  Check  Internal Transfer  Other \_\_\_\_\_ Amt of Deposit: \$ \_\_\_\_\_

Table with 3 columns: Transaction Type, Number of Transactions/Month\*, Average Amount of Transaction\*\*. Rows include Cash Deposit, Cash Withdrawal, Direct Deposit, Incoming Wires, and Outgoing Wires.

\*Number of Transactions: 0, 1-3, 4-6, 7-10, >10
\*\*Average Amount of Transaction: \$0, <\$500, \$500-\$1000, \$1000-\$5000, \$5000-\$10000, >\$10000



Check all of the follow anticipated product and service use that apply:

Products/Services		
Debit Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Online Banking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bill Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Direct Deposit (ACH)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepaid Cards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bank Drafts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Currency Exchange	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*By signing this document, you certify that all information contain herein is true and correct, and that you have received and read the account disclosures and privacy notice.*

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Signature: \_\_\_\_\_

**For Bank Use Only**

**TYPE OF ACCOUNT:**

00 (Individual)    01 (Corporate)    02 (State, County, Municipal)    03 (Federal)    08 (Non Profit)    09 (IRA)

W-9 Received?  Yes    No      Account Opened in Person?  Yes    No      Service Charges?  Yes    No

**ACCOUNT PLAN:**

00 (non interest)    02 (Super Now)    03 (MMDA)    04 (Savings)    05 (IRA)    Ck mark Fraud (backroom use only)

**STATEMENT CYCLES**

<input type="checkbox"/> 02 = EOM	<input type="checkbox"/> 03 = BI-MONTHLY	<input type="checkbox"/> 40 = SAVINGS	<input type="checkbox"/> 88 = IRA
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Date Opened:	Opened By:	OFAC Match: <input type="checkbox"/> Yes <input type="checkbox"/> No	OFAC Check Date:
Requested Credit Report: Date:	By:	Address Discrepancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documentary Verification of ID: (Attach CURRENT copy of: Driver's license, State ID, Passport, Nat'l ID card for non-residents) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Non-Documentary Verification: (Attach CURRENT copy of: Social Security Card, Health/Auto Insurance Card, Debit/Credit Card, Concealed Carry, Birth Certificate, etc.)			
Contacted customer by phone number given at account opening next business day:		Date:	By:
Mailed thank you to physical address on: Date:	By:	Received By: (mainframe Operator)	Date Received:
Reviewed By:	Date Reviewed:	Initial Risk Assessment: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	

Notepad information/Comments:

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