



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



3rd 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

4th 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: \$ _____

Transaction Type	Number of Transactions/Month*	Average Amount of Transaction**
Cash Deposit		
Cash Withdrawal		
Direct Deposit (if yes, explain)		
Incoming Wires – Domestic (if yes, explain)		
Incoming Wires – International (if yes, explain)		
Outgoing Wires – Domestic (if yes, explain)		

*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: _____

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:
