

CUSTOMER APPLICATION**PERSONAL CONTACT INFORMATION****Customer Legal Name:** First: _____ MI: _____ Last: _____**New Customer:** Yes No **Alias Name:** _____**Physical Address:** _____**City:** _____ **State:** _____ **ZIP Code:** _____**Mailing Address (if different):** _____**City:** _____ **State:** _____ **ZIP Code:** _____**Previous Address (if less than 2 years at current address):** _____**City:** _____ **State:** _____ **ZIP Code:** _____**Home Phone:** _____ **Work Phone:** _____ **Cell Phone:** _____**Email Address:** _____**PERSONAL INFORMATION****Social Security Number:** _____ **Date of Birth:** _____**License or ID Number:** _____ **Expiration Date:** _____**Employer:** _____ **Occupation:** _____

If retired, self-employed, or no longer working, please list your previous/current occupation.

Name of Previous Employer (if less than 2 years with current employer): _____**Are you a:** US Citizen Resident Alien Non-Resident Alien**ACCOUNT INFORMATION****Purpose of the Account:** Household (*Bill Pay, Deposit Paychecks, Retirement Funds, etc.*)
 Other: _____**Anticipated Deposit Frequency:** Daily Weekly Bi-Weekly Monthly Other: _____**Deposit Types:** Checks Direct Deposit (ACH) Wires Cash**Cash activity to expect per month (withdrawals or deposits):** Less than \$3,000 \$3,000-\$10,000 Greater than \$10,000**Sources of Deposit:** Employment Government Payments Other: _____**Do you own or lease a privately-owned ATM?** Yes No**Do you invest in or derive income from cryptocurrency?** Yes No**Are you directly or indirectly involved with hemp or CBD products?** Yes No

SIGNATURE AGREEMENT

I certify that everything I have stated on 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 and address information if my financial condition changes.

SIGNATURES

Applicant Signature: _____

Date: _____

For Bank Use Only:

Branch: _____

CSR: _____

Risk Rating: _____

Identification Copies:

Primary: _____

Secondary: _____

OFAC: _____

Address Verification: _____

NEW CUSTOMERS MUST SUPPLY TWO OF THE FOLLOWING FORMS OF ID FOR VERIFICATION

(must be submitted with application):

Primary Documentation – *Must provide at least one primary form of ID that includes a picture, signature, and description of person such as:*

- Driver's license/non-driver's identification card
- Passport
- US Government identification
- US Military identification
- Alien registration card

Secondary Documentation – *Can accompany the primary ID, however cannot open account with only these forms.*

- Social Security Card
- Voter's registration card
- Birth Certificate
- Student identification
- Credit card
- Bank card
- State government identification
- Local government identification
- Company identification
- Police identification