FARMERS state bank

Westmoreland · Manhattan · Onaga

BANK with FARMERS.COM

# 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:** _____

**For verification of your identity during phone calls, please choose a Passphrase/Codeword:** _____

**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