

Date:

Account Number:



## New Account Application

**Important Account Opening Information:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

**Personal Information**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Employed Since: \_\_\_\_\_

(Is Employer a MRB (marijuana related business)?? If YES-----CANNOT OPEN ACCT!!!

ID Type:       Driver's License       Passport       Military ID

ID #: \_\_\_\_\_ Issued By: \_\_\_\_\_ Expires: \_\_\_\_\_

**Joint Applicant Information**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Employed Since: \_\_\_\_\_

(Is Employer a MRB (marijuana related business) ? if YES-----CANNOT OPEN ACCT!!!

ID Type:       Driver's License       Passport       Military ID

ID #: \_\_\_\_\_ Issued By: \_\_\_\_\_ Expires: \_\_\_\_\_

Internal Use Only:

Customer Risk Rating: \_\_\_\_\_

OFAC Search Completed: \_\_\_\_\_

Date:

Account Number:

**Account Information**

**Type of Account:**

Checking     Savings     Money Market     NOW Checking     CD     Other

**Personal Accounts**

Individual                       Joint – With Survivorship                       Joint – Without Survivorship

Revocable Trust or Payable-on-Death Beneficiary (POD)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

(Attach separate sheet for more beneficiaries)

**Business Accounts:**

Unincorporated Nonbusiness Association of Individuals

Sole Proprietorship                       Partnership                       Limited Liability Company

Corporation:                       For Profit                       Not for Profit

Amount of opening deposit today: \_\_\_\_\_

Estimate of total monthly deposits: \_\_\_\_\_ Estimate of cash deposits: \_\_\_\_\_

Will you have any direct deposits to this account:                       Yes                       No

If yes, please explain: \_\_\_\_\_

Will you be using this account to send or receive regular wire transfers?                       Yes     No

If yes, please explain: \_\_\_\_\_

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit account and employment history and/or have a credit reporting agency prepare a credit report on me, as an individual. I also authorize you to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internal Use Only:

Customer Risk Rating: \_\_\_\_\_

OFAC Search Completed: \_\_\_\_\_