



New Customer 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 more than one form of identification to fulfill this requirement. In some instances we may use outside sources to confirm this information. The information you provide is protected by our privacy policy and federal law.

Customer Information - Required

Legal Name _____
First Middle Initial Last

Physical Address _____
Address City State ZIP Code +4
 please note, physical address is required to open account

Mailing Address _____
Address City State ZIP Code +4

SSN/Taxpayer ID _____ **Home Phone** _____

Date of Birth _____ **Cell Phone** _____

Email Address _____

Employer Information - Required

Employer Name _____

Occupation _____ **Business Phone** _____

Is this a Marijuana Related Business? Yes No

Employer Address _____
Address City State ZIP Code

Citizenship Information - Required

U.S. Citizen Resident Alien* Non-Resident Alien*

*Non-U.S. Person Information - Required for Resident and Non-Resident Aliens only

What is your reason for being in the U.S.? _____

Do you have permission to work in the U.S.? _____

How long will you be staying in the U.S.? _____

Are you a Politically Exposed Person? Yes No

If Yes, what are your specific connections to the government of a foreign country?

Bank Use Only

Customer Number	_____	Account	_____
CSR Name	_____	Number(s)	_____
Date Received	_____		_____



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Military Service Information - Required

Are you a current or former military service member? Yes No

Branch of Service _____ Date of Separation _____

Active Duty Reserve National Guard Veteran

Customer Authorization - Required

By signing below, I certify that the information I have provided is complete and correct to the best of my knowledge. I understand you will retain this form whether or not an account is opened. You are authorized to check my credit and deposit account history, and answer questions about your deposit account experience with me.

Signature

Date

Note: We reserve the right to close your account if we are unable to verify any of the information provided on this form, or if required identification/documentation is not provided within thirty (30) days of the date of this form. If your account is closed, the balance will be returned to you at the address provided.

Additional Products and Services - Optional

We're pleased to offer a variety of products and services to enhance your banking experience! If you're interested in any of the options listed below, let your Customer Service Representative know and we would be happy to provide you with additional information. If we don't have someone immediately available to speak with you, we'll gladly have someone give you a follow-up phone call or email at a time that's most convenient for you.

Deposit Products - Checking and Savings Accounts; Certificates of Deposit (CD); Individual Retirement Accounts (IRA); Health Savings Accounts (HSA)

Loan Solutions - New/Used Vehicle, RV, Boat; Home Purchase or Refinance; Home Improvement; Land, Farm and Implement; Livestock; Commercial Real Estate; Credit Card Refinance

Convenience Options - VISA Debit Card; VISA Credit Card; Safe Deposit Box; Remote Deposit Capture

Online Services - Online Banking; Online Bill Pay; Mobile Banking; Electronic Statements; Mobile Deposit

Insurance Products - Home; Auto; Life; Business; Farm; Crop/Hail

Please contact me by Phone Email using the information listed below:

Phone Number _____ Cell Home Business

Email Address _____

The best time to reach me is between _____ AM and _____ PM.