



Customer Information File
Individual

Primary Customer Information (A)	
Social Security#:	Name:
Physical address:	City: State: Zip + 4
Mailing Address:	City: State: Zip + 4
Home Phone:	Work Phone:
Cell Phone:	Mothers Maiden Name:
Occupation/Employer:	Birth date:
E-mail Address:	
Secondary Customer Information (B)	
Social Security#:	Name:
Physical address:	City: State: Zip + 4
Mailing Address:	City: State: Zip + 4
Home Phone:	Work Phone:
Cell Phone :	Mothers Maiden Name:
Occupation/Employer:	Birth date::
E-mail Address: Permission to provide information via E-Mail: Circle Y or N	

FOR BANK USE ONLY

Primary Customer (A)	Secondary Customer (B)
<p>Documentary ID Type (driver's license, state ID card, passport, other): Describe</p> <p>_____</p> <ul style="list-style-type: none">• ID Number _____• Date of Issuance _____• Date of Expiration _____• State of Issuance _____ <p>--Documentation of above attached Y or N</p> <p>Other Documentation:</p> <ul style="list-style-type: none">• Chexsystems: _____• OFAC : _____• Credit bureau: _____• Thank You sent date: _____	<p>Documentary ID Type (driver's license, state ID card, passport, other): Describe</p> <p>_____</p> <ul style="list-style-type: none">• ID Number _____• Date of Issuance _____• Date of Expiration _____• State of Issuance _____ <p>--Documentation of above attached Y or N</p> <p>Other Documentation:</p> <ul style="list-style-type: none">• Chexsystems: _____• OFAC: _____• Credit bureau: _____• Thank You sent date: _____
Customer Due Diligence Information	
<p>Account type: Account number:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Purpose of the account: _____</p> <p>Source of funds: _____</p> <p>Expected transactions: <input type="checkbox"/>ACH Cr <input type="checkbox"/>ACH Dr</p> <p><input type="checkbox"/>Wires</p>
<p>Date Opened: _____ Officer: _____</p> <p>Opened By: _____ BSA Risk Rating Assigned: _____</p> <p>Maintenance Checked By: _____</p>	
Internal Quarterly Review	
Signature of Internal Auditor:	Date Reviewed: