



FIRST FARMERS
STATE BANK

Employee Owned. Customer Focused.

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4001 GE Road • Bloomington, IL 61704
P 309.663.6200 • F 309.663.2880

Delavan
301 Locust Street • Delavan, IL 61734
P 309.244.9277 • F 309.244.9115

Minier
101 S. Main Street • Minier, IL 61759
P 309.392.2623 • F 309.392.2504

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Customer Information File
Individual

Primary Customer Information (A)

Social Security#:		Name:	
Physical address:			
Mailing Address:			
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:			
Mailing Address:			
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)

Documentary ID Type (driver's license, state ID card, passport, other): Describe _____

- ID Number _____
- Date of Issuance _____
- Date of Expiration _____
- State of Issuance _____

--Documentation of above attached Y or N

Other Documentation:

- Chexsystems: _____
- OFAC : _____
- Credit bureau: _____
- Thank You sent date: _____

Documentary ID Type (driver's license, state ID card, passport, other): Describe _____

- ID Number _____
- Date of Issuance _____
- Date of Expiration _____
- State of Issuance _____

--Documentation of above attached Y or N

Other Documentation:

- Chexsystems: _____
- OFAC: _____
- Credit bureau: _____
- Thank You sent date: _____

Customer Due Diligence Information

Account type: Account number:

Purpose of the account: _____

Source of funds: _____

Expected transactions: ACH Cr ACH Dr
 Wires

Date Opened: _____

Opened By: _____

Maintenance Checked By: _____

Officer: _____

BSA Risk Rating Assigned: _____

BSA Officer Review

Is all required customer information complete? Y or N Checked By: _____

--If no, return to new accounts personnel.

Are documentary identity verification methods proper and complete? Y or N Checked By: _____

--If no, return to new accounts personnel.

Risk Rating Proper? Y or N

--If no, assign new risk rating _____

--If designated potentially high-risk, add to high-risk customer listing for monitoring.

Date reviewed: _____