

CONSUMER ACCOUNT APPLICATION

ACCOUNT # _____

BANK EMPLOYEE _____ DATE _____

CUSTOMER INFORMATION			
NEW CUSTOMER	<input type="checkbox"/> NO <input type="checkbox"/> YES	OFAC <input type="checkbox"/>	PORT # _____
APPLICANT (PRIMARY)	FIRST _____ MIDDLE _____	LAST _____	
PHYSICAL & MAILING ADDRESS	STREET _____		PO BOX _____
	CITY _____	STATE _____	ZIP _____
SSN: _____	DOB: _____	COUNTY: _____	
CELL#: _____	HOME #: _____	EMAIL: _____	
2 FORMS OF ID REQUIRED	PICTURE ID: <input type="checkbox"/> DL - EXP DATE _____ <input type="checkbox"/> PASSPORT OTHER: <input type="checkbox"/> SS CARD <input type="checkbox"/> OTHER		
EMPLOYMENT INFORMATION	EMPLOYER: _____		OCCUPATION: _____
	ADDRESS: _____		WORK PHONE: _____
BANKING HISTORY	FORMER BANK: _____		ADDRESS: _____
NEW CUSTOMER			
NEW CUSTOMER	<input type="checkbox"/> NO <input type="checkbox"/> YES	OFAC <input type="checkbox"/>	
APPLICANT (JOINT)	FIRST _____ MIDDLE _____	LAST _____	
PHYSICAL & MAILING ADDRESS	STREET _____		PO BOX _____
	CITY _____	STATE _____	ZIP _____
SSN: _____	DOB: _____	COUNTY: _____	
CELL#: _____	HOME #: _____	EMAIL: _____	
2 FORMS OF ID REQUIRED	PICTURE ID: <input type="checkbox"/> DL - EXP DATE _____ <input type="checkbox"/> PASSPORT OTHER: <input type="checkbox"/> SS CARD <input type="checkbox"/> OTHER		
EMPLOYMENT INFORMATION	EMPLOYER: _____		OCCUPATION: _____
	ADDRESS: _____		WORK PHONE: _____
BANKING HISTORY	FORMER BANK: _____		ADDRESS: _____

OTHER PRODUCTS	
CHECKS	<input type="checkbox"/> WALLET <input type="checkbox"/> DUPLICATE <input type="checkbox"/> DEBIT CARD <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> CARDVALET
INTERNET BANKING	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> MOBILE APP <input type="checkbox"/> ESTATEMENTS
ACH/DIRECT DEPOSIT	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> International <input type="checkbox"/> Domestic
WIRE TRANSFERS (MORE THAN 1/WK)	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> International <input type="checkbox"/> Domestic
CURRENTLY OR PLAN TO OWN/OPERATE AN ATM?	<input type="checkbox"/> NO <input type="checkbox"/> YES # _____ and LOCATIONS _____
ANTICIPATE MAKING FREQUENT CASH/CURRENCY DEPOSITS (GREATER THAN \$1000)?	<input type="checkbox"/> NO <input type="checkbox"/> YES
ARE THERE ANY DISCREPANCIES BETWEEN INFORMATION PROVIDED BY THE CUSTOMER AND INFORMATION USED FOR VERIFICATION?	<input type="checkbox"/> NO <input type="checkbox"/> YES (Additional items will be needed for verification) <input type="checkbox"/> UTILITY BILL <input type="checkbox"/> LEASE <input type="checkbox"/> PAY STUB <input type="checkbox"/> OTHER

WOULD YOU LIKE TO BE CONTACTED ABOUT ANY OF OUR OTHER PRODUCTS?	
CREDIT CARD	<input type="checkbox"/> NO <input type="checkbox"/> YES
LOANS	<input type="checkbox"/> NO <input type="checkbox"/> YES
FOLLOW UP CALL	<input type="checkbox"/> NO <input type="checkbox"/> YES

SIGNATURES	
I authorize St. Ansgar State Bank, St. Ansgar, Iowa, to request verification of my bank accounts and also to order a consumer credit report. <input type="checkbox"/>	
I further authorize my bank(s) and employer(s) to accept a copy of this document as their authorization to release such information.	
PRIMARY:	OFAC <input type="checkbox"/>
JOINT:	OFAC <input type="checkbox"/>

OFFICE USE ONLY - ACCOUNT INFORMATION		
TYPE OF ACCOUNT	<input type="checkbox"/> ECON <input type="checkbox"/> BUS <input type="checkbox"/> NOW <input type="checkbox"/> MMA <input type="checkbox"/> SAV <input type="checkbox"/> CD <input type="checkbox"/> LOAN	INITIAL DEPOSIT \$ _____
STMT CYCLE:		SOURCE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> INTERNAL TRANSFER