

ACCOUNT OWNER/AUTHORIZED SIGNER INFORMATION SHEET

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT!

To help the government fight the funding of terrorism and money laundering activities, Federal law required all financial institutions to obtain, verify, and record all information that identifies each person who opens an account. What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

DATE: _____

FIRST NAME: _____ MI: _____ LAST NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS (if different from above): _____

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH: MONTH: _____ DAY: _____ YEAR: _____

HOME PHONE: _____ - _____ - _____ WORK PHONE: _____ - _____ - _____

CELL PHONE: _____ - _____ - _____

EMAIL ADDRESS: _____

IDENTIFICATION NUMBER: _____ EXPIRATION DATE: _____

(driver's license, passport or other approved photo ID)

ISSUING STATE OR COUNTRY: _____

HOW LONG AT PRESENT ADDRESS: _____ MOTHER'S MAIDEN NAME: _____

CURRENT EMPLOYER: _____

ADDRESS: _____ LENGTH OF EMPLOYEMENT: _____

(READ AND SIGN ON BACK)

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PREVIOUS ADDRESS: _____

PREVIOUS EMPLOYER (name & address): _____

IF SELF-EMPLOYED, GIVE DETAILS: _____

NAME OF CLOSEST RELATIVE (not living with you): _____

ADDRESS: _____

PREVIOUS FINANCIAL INSTITUTION: _____

ADDRESS: _____

Citizens State Bank reserves the right to make reference calls to employers and/or check verification companies. By signing below, you (the applicant) give authority to the financial institution to request a credit bureau report, for rating and application purposes. By signing below, I certify the above information to be true and factual. I understand that if any of the statements are false, the institution has the right to close this account, and that I will be responsible for all costs incurred.

APPLICANT SIGNATURE: _____

BANK USE ONLY

ACCOUNT TYPE: _____ NUMBER: _____

OPENING DEPOSIT AMOUNT: _____

SOURCE OF FUNDS: CHECK: _____ CASH: _____ INTERNAL TRANSFER (acct. #): _____

PURPOSE OF ACCOUNT: _____

ANTICIPATED TRANSACTION ACTIVITY: LOW: _____ MODERATE: _____ HIGH: _____

****PHOTOCOPY VERIFICATION (drivers license, passport, etc.) ATTACH TO THIS FORM****