

CONSUMER ACCOUNT APPLICATION

ACCOUNT # _____ PORT # _____ BANK EMPLOYEE _____ DATE _____

CUSTOMER INFORMATION

NEW CUSTOMER	<input type="checkbox"/> NO <input type="checkbox"/> YES		
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	<input type="checkbox"/> NO <input type="checkbox"/> YES		
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"/> NO	<input type="checkbox"/> WALLET <input type="checkbox"/> DUPLICATE	DEBITCARD	<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 <input type="checkbox"/> PRINTED		
MOBILE DEPOSIT CAPTURE	<input type="checkbox"/> NO <input type="checkbox"/> YES			
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			
BUY/SELL/EXCHANGE VIRTUAL CURRENCY?	<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.
 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		
STMT CYCLE:	INITIAL DEPOSIT: \$	SOURCE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> INTERNAL TRANSFER	