

Clay County State Bank

New Individual Customer Questionnaire

Legal Name (First, Middle, Last, Maiden and Suffix as appropriate): U.S. Citizen : yes no

Date of Birth: Age: Social Security Number:

Physical Address:

City: State: ZIP Code:

Home Phone: Cell Phone: Work Phone:

Security Question-What is your Mother's maiden name? Purpose for Account:

Mailing Address (if different than physical):

City: State: ZIP Code:

Previous address (if physical is less than 2 years):

City: State: ZIP Code:

Driver's License Number: State:

Issued Date: Expiration Date:

Alternate ID Type & Number:

Issued Date: Expiration Date:

Email Address(es):

Employer Position: Contact:

Street Address Phone:

City: State: ZIP Code:

Name of a relative not residing with you:

Physical Address: Phone:

City: State: ZIP Code:

Relationship:

I authorize Clay County State Bank to verify the information provided on this form as to Federal law requiring all financial institutions to obtain, verify and record information that identifies each person who opens an account as stipulated in Section 326 of the USA Patriot Act.

Signature of applicant: Date:

For Office Use Only:

Verified By and Date: Checked By and Date: