

Clay County State Bank

New Individual Customer Questionnaire

Legal Name (First, Middle, Last, Maiden and Suffix as appropriate):

Date of Birth:

Social Security Number:

Physical Address:

City:

State:

ZIP Code:

Security Question - What is your Mother's maiden name?

Mailing Address (if different than physical):

City:

State:

ZIP Code:

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

City:

State:

ZIP Code:

Home Phone:

Mobile Phone:

Work Phone:

Driver's License Number:

State:

Issued Date:

Expiration Date:

Alternate ID Type & Number:

Issued Date:

Expiration Date:

Email Address(es):

Previous Bank Reference:

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: