

Customer Exists Maintenance Required (CHEX, OFAC, CB Required)

CIF#

NAME: LAST FIRST FULL MIDDLE

SSN/TIN#

Home Phone: Cell Phone: DOB

Mailing Address/ City/State/ Zip: County of Residence:

Physical Address/ City/State/ Zip:

Documentation used to verify address:

Previous Address: (if less than 2 years) E-mail:

What is the make of your first car? Other: (Q & A) Maximum 30 Characters

What is the name of your childhood best friend?

Employer Name: Occupation:

Employer Phone:

Retired. Previous Employer: Previous Occupation:

U.S. CITIZEN/PERMANENT RESIDENT ALIEN?

YES.

NO. COUNTRY: _____

If "NO", W8-BEN is required.

One piece of the following types of Primary Identification are acceptable:

- State Drivers license or State ID Card (not expired)
- Photo ID issued by Federal, State or Local Government to their employees
- Passport with photo
- ID Card with photo issued by Armed Forces
- Permanent Resident Card or Consular Card

AND

One piece listed below in addition to the above identification:

- Social Security Card, Medicare, Medicaid or other Insurance Card
- Organization Membership Cards, Voter Registration Cards, Utility Bills, Real Estate Tax Bills
- Tribal ID

ID Scanned

Type: <input type="text"/>	Type: <input type="text"/>
ID#: <input type="text"/>	ID#: <input type="text"/>
Issue Place: <input type="text"/>	Issue Place: <input type="text"/>
Issue Date: <input type="text"/>	Issue Date: <input type="text"/>
Expiration: <input type="text"/>	Expiration: <input type="text"/>

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means to you: When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

I hereby authorize Jackson County Bank to obtain information concerning my credit standing if I establish any account with them that is subject to withdrawal by check, draft, card or similar items, or from which I preauthorize transfers.

Do you want Telephone Banking access restricted? YES NO If YES, complete Telephone Banking Access Restriction form.

Signature: _____ Date: _____

Employee Signature: _____ Date: _____

NOTARY INFORMATION TO BE COMPLETED ONLY IF REQUESTED BY BANK.

Acknowledgement STATE OF _____ COUNTY OF _____

This document was acknowledged before me on _____ by _____.

Notary Signature: _____ Notary Public, _____ County. My Commission: _____

OFFICE USE ONLY: OFAC CHEX CREDIT REPORT. If no report, why? _____

RISK RATING

Low Moderate (reason) _____

High (reason) _____

Customer initialed Credit Report by address

Fraud Alert YES NO Active Duty Alert YES NO

Employee verified address on Credit report/Initialed.

Customer signed Credit Bureau Report verifying receipt.

NAME CHANGES: (Employee must initial)

Attach CIF Print Screen _____ Re-order Debit Card _____

New Signature Card _____ New Internet Banking Form _____

Accounting forward CIF Print Screen to Jenny/Julie. _____

	Date	Initials
Maintenance	<input type="text"/>	<input type="text"/>
Did CIP Address change? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES: Expiring Message = "COA Completed, Verified Signature".	
Audit	<input type="text"/>	<input type="text"/>
Final	<input type="text"/>	<input type="text"/>

"Updated MMDDYY" (CFM26) _____