

Identifying Information

Checked Customer w/OFAC

Checked by

Match

Verified by

No Match

For Non-Individuals

Verified by Reviewing

Certified Articles of Incorporation

Government Issued Business License

Partnership Agreement, Trust Document

By-Laws

Charter

Minutes of Organizational Meeting

Verified by Contacting

Verified Physical Location of Customer

Contacted Credit References

Contacted Customer Independently

Obtained Reference from Bank Employee

As a full service community bank, we are committed to providing our customers with financial products and services that meet their complete financial needs. To assist us with determining whether the products and services you have selected are appropriate, please provide the following information:

Anticipated Account Activity - (Estimate based on a one month statement)

<i>Deposits</i>	Number	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> ACH <input type="checkbox"/> Wire <input type="checkbox"/> All	
<i>Withdrawals</i>	Number	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> ACH <input type="checkbox"/> Wire <input type="checkbox"/> All	
<i>Wire Activity (Incoming)</i>	Number	Average \$ Amount	Source
<i>Wire Activity (Outgoing)</i>	Number	Average \$ Amount	Source
<i>ATM Activity</i>	Number	<input type="checkbox"/> Local Usage <input type="checkbox"/> Statewide Usage <input type="checkbox"/> Both	

Are the documents provided sufficient to obtain a reasonable belief about the identity of customer? Yes No

Reviewed/Updated _____ Date _____

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