

# CASEY STATE BANK CUSTOMER PROFILE

This profile has been established to protect and verify your identity in accordance with the USA Patriot Act. Please fill out the information requested. All information will be held strictly confidential.

(PLEASE PRINT CLEARLY)

Relationship:  Primary  Secondary  Authorized  POD  Executor  POA  Other: \_\_\_\_\_

Name: \_\_\_\_\_

Maiden/Previous Name(s): \_\_\_\_\_

Physical address (*No PO Box Please*) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (*if different than above*) \_\_\_\_\_

Previous address: (*if current is less than 5 years*) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

SS Number: \_\_\_\_\_ DL Number: \_\_\_\_\_ State & Exp: \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

Job Description: \_\_\_\_\_ How Long: \_\_\_\_\_

Previous employer (*if less than 2 years at current job*) \_\_\_\_\_

Other Household Members: Name(s) \_\_\_\_\_

Previous Bank Name & City: \_\_\_\_\_

## **TRANSACTIONS THAT I MAY CONDUCT: (*Check all that may apply*)**

Deposits  Withdrawals  Transfers  Certificates of Deposits  Loan Payments  Check Cashing

Wire Transfers  Purchase Official Checks  ACH  Online Banking  Debit Card

The undersigned agrees that Casey State Bank is authorized to obtain a report under the Fair Credit Reporting Act. Casey State Bank may request this report and has the right to refuse to open an account based on the information received. For account beneficiaries, only a social security (SSN) search will be conducted for address and social security number verification.

Signature: \_\_\_\_\_

### **For office use only**

Customer: \_\_\_\_\_ New \_\_\_\_\_ Existing/Updating Profile

Type of Account opened: \_\_\_\_\_

Primary Identity Verification: \_\_\_\_\_

Secondary Identity Verification: \_\_\_\_\_

Opened by: (Employee Name) \_\_\_\_\_

Date: \_\_\_\_\_

Branch: \_\_\_\_\_

Acct #: \_\_\_\_\_

Amt. of Deposit: \_\_\_\_\_

OFAC List Y or N

Assessment: 0 1 5 9