

Your Future Begins Today!



Main Office:
901 First Avenue
PO Box 29
Monte Vista, CO 81144
719.852.5933

DEPOSIT ACCOUNT APPLICATION

USA PATRIOT ACT NOTICE: Important information about opening an account. To help the government fight the funding of terrorism and money laundering activities, the federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **What this means for you:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see, copy or scan your driver's license and/or other identifying documents.

Applicant Information

IRS Owner Name:		Preferred Name		SSN: <input type="checkbox"/> on file	
What is your residency status? <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien		Birth Place-City and State: <input type="checkbox"/> on file		Date of Birth: <input type="checkbox"/> on file	
Mother's Maiden Last Name: <input type="checkbox"/> on file		Authentication Phrase -Optional. Will be used for multi factor authentication		Authentication Hint:	
Email Address: <input type="checkbox"/> on file		ID Number: <input type="checkbox"/> on file		ID Type:	Date Issued:
Issuing State:	Expiration Date:	Current Employer (if retired list last employer):		Job Title/Position: (if retired list last position)	
Physical Address: <input type="checkbox"/> on file		City:		State:	Zip:
Mailing Address: <input type="checkbox"/> Same as Physical Address		City:		State:	Zip:
Home Phone Number: <input type="checkbox"/> on file		Cell Phone Number: <input type="checkbox"/> on file		Work Phone Number: <input type="checkbox"/> on file	

Co Applicant Information

Co-Owner Name:		Preferred Name		SSN: <input type="checkbox"/> on file	
What is your residency status? <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien		Birth Place-City and State: <input type="checkbox"/> on file		Date of Birth: <input type="checkbox"/> on file	
Mother's Maiden Last Name: <input type="checkbox"/> on file		Authentication Phrase -Optional. Will be used for multi factor authentication		Authentication Hint:	
Email Address: <input type="checkbox"/> on file		ID Number: <input type="checkbox"/> on file		ID Type:	Date Issued:
Issuing State:	Expiration Date:	Current Employer (if retired list last employer):		Job Title/Position: (if retired list last position)	
Physical Address: <input type="checkbox"/> on file		City:		State:	Zip:
Mailing Address: <input type="checkbox"/> Same as Physical Address		City:		State:	Zip:
Home Phone Number: <input type="checkbox"/> on file		Cell Phone Number: <input type="checkbox"/> on file		Work Phone Number: <input type="checkbox"/> on file	

Bank Use Only

Date account opened in CIM: _____ Account Number: _____ Product Code: _____

NEW MONEY: CSR Initials: _____

OFAC CHECKS

IRS Owner: _____ Existing Customer Results _____

CO-Owner: _____ Existing Customer Results _____

CO-Owner: _____ Existing Customer Results _____

CO-Owner: _____ Existing Customer Results _____

Deposit Account Checklist

ChexSystems: ***REQUIRED FOR ALL NEW DEPOSIT CUSTOMERS** Minor (not required for under 18 yrs old)

Was derogatory information identified in the report? No Yes → Supervisor's Initials _____

Reason for approval: _____

ChexSystems: CSR must note all areas that failed or did not match report.

Proof of address attached: (must supply an approved form of address verification if address is not listed on valid ID)

If Minor Account SS# Verified IRS.gov and attached (Full name is required on form from IRS)

Other Information:

For 2 Signatures Required, was Restrictions & Warnings code applied to this account?

Does account holder want checks? No Yes Ordered

Does account holder want a debit card? No Yes Ordered

Risk factor added in Account Information- Risk/MMDA Tab Yes

Risk Factor Review Form completed Yes