

Bonanza Valley State Bank
New Consumer Account Worksheet

Please Print

Date:	*Signature:
Full Legal Name:	Social Security Number:
Physical Street Address:	Date of Birth:
City, State, Zip Code:	U.S. Citizen? Yes No (For Identification Purposes Only, Passport Required if Non-U.S. Citizen)
Home Phone Number:	Email Address:
Cell Phone Number:	Years at Address:

Customer Identification Program

Identification Number: (Driver's License or Other)	State / Government of Issuance:
Expiration Date of ID:	Issuance Date of ID:

Customer Due Diligence

Type of Account(s):	Account Opening Method: In person Telephone Internet
Amount of Initial Deposit:	Source of Initial Deposit: Check Cash Wire Other
Employer:	Electronic Payroll Deposits: Yes No
Employer Address:	Want paper statements? Yes No
	Any other electronic deposits expected:
Position or Title:	Types of Products / Services Expected & Amount: Loans Wires Monetary Instruments ACH Bill Pay Currency Exchanges Trust Services
Nearest Relative Name & Number:	

Verification References

Kroll or Other Report:	OFAC Checked:
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* By signing this form, I consent to allow the institution to review my credit history prior to account opening.

For Internal Bank Use Only

Account # Assigned:	Miscellaneous Code:
Employee Taking Application:	High Risk Customer:
Date Sent to BSA Officer:	Date of Next Review: