FIRST NATIONAL BANK
CUSTOMER IDENTIFICATION PROGAM

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm this information. The information that you provide is protected by our privacy policy and federal law.

Name: _____Date of Birth: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home)_____ (Cell) _____ (Work) _____

Social Security or Tax ID Number: _____

E-Mail Address: _____

Employer: _____ Occupation: _____

City: _____ State: _____ Length of Employment: _____

Student: Yes / No ☐ ☐

Purpose of Account: _____

Initial Deposit: _____ Expected Cash Activity In/Out: _____

Expected Wire Transfer Activity: _____ ☐ ☐ Initiate / Receive ☐ ☐ Domestic / Foreign

Expected ACH Transaction Activity: _____

For Business Accounts Only: Will your business be engaging in marijuana and/or hemp related activity, which includes CBD oil? Yes / No ☐ ☐

Who will be authorized on this account?

_____

_____

_____

Trusted Contact: Please provide name, phone number & address.
Someone we may contact if we are unable to get ahold of you. They will **not** have access to your accounts or account information.

_____

_____

_____

OFFICE USE ONLY:

Account Opened By: _____

Date: _____ Account Type: _____ Account Number: _____

IDENTIFICATION

Primary (check one)

__ Driver's License

__ State ID Card

__ Military ID Card

__ Passport

__ US Alien Registration Card

Secondary (check two)

__ Social Security Card

__ Birth Certificate

__ Student ID

__ Credit Card

__ Insurance Card

__ Organizational Membership Card

__ Property Tax Bill

__ Credit Report

***If a primary ID is not available, then two forms of secondary ID must be obtained for verification.

Discrepancy/Explanation:

OFAC performed: _____