

CUSTOMER APPLICATION

☐

Existing Customer / Update

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New Customer

☐

Beneficial Owner

Important Information about procedures for opening a new account. To help the government fight the funding of terrorism and other money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you initiate a customer relationship with our bank, we will ask you for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may ask to see your driver's license, social security card, and other identifying documents. We will inform you if additional information is required.

Full Name (First, Middle, Last) or Company Name (Inc, LLC, DBA)		Social Security # or Tax ID #	
Home Phone	Cell Phone	Work Phone Ext	Date of Birth
Current Physical Address		City, State and Zip Code	Years at Current Address
Mailing Address (if different than current physical address)		City, State and Zip Code	
Previous Address (if less than 1 year at current address)		City, State and Zip Code	Years at Previous Address
Email Address			
Employment Status/Current Employer		Occupation or Title	Years of Employment
Employer Address		City, State and Zip Code	
Name of Nearest Relative (not living with you)		Relationship	Home/Cell Phone Number

Type of Account Requested: ☐ Checking ☐ Savings ☐ Certificate of Deposit ☐ ATM Card ☐ VISA Check Card ☐ Loan

ATM / VISA Check Card

____ Customer Initials. I am requesting Bank of Commerce to issue an ATM or a VISA Check Card, whichever I qualify for in the name shown above and renew the card until notice to the contrary is given. I authorize investigation of my account history to make the decision regarding issuance of the card I have requested. I agree to all terms and conditions of card ownership as disclosed to me and promise to pay all debts, fees and extensions of credit generated by usage of the card. I also agree to alert the bank at once if my card is lost, stolen or is in any way compromised.

Accounts to be Accessed: Primary Checking # _____ Primary Savings # _____

Image ID: _____ Secondary Checking # _____ Secondary Savings # _____

Business Entity: _____ Double Emboss: ☐ Yes ☐ No

The signature below verifies the information contained in this application is true and correct.

Applicant's Signature: _____ Date: _____

For ATM and VISA Check Card requests - If applicant is less than 18 years of age, parent/legal guardian signature is required.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Primary Contact Phone Number: _____

BRANCH: ___ Chanute ___ Thayer ___ Erie ___ Neodesha ___ Fall River ___ Longton ___ Parsons ___ Howard ___ Chetopa
___ Burden ___ Oxford ___ Gas ___ Yates Center

Portfolio #: _____

Internal Use Only
Customer Identification

1 Form of Primary Identification: ☐ Driver's License ☐ Passport ☐ Other _____

1 Form of Secondary Identification: ☐ Social Security Card ☐ Birth Certificate ☐ Insurance Card ☐ Other _____

DL/Identification Number	State/Country	Date of Issuance	Date of Expiration

Code Word: _____ Responsibility Code: _____

Misc. Info/ Notes: _____

CIP FILE: ☐ Completed Application ☐ Primary & Secondary Forms of ID/Docs ☐ Risk ID, Quali-File, OFAC & CDD *CDD – account specific ☐ Corporate Docs/Articles, Operating Agmt, Cert of Good Standing, EIN Verification ☐ Beneficial Ownership/ Control Verification

Account Opened By/Date:	Navigator FM Performed by/Date:	Navigator FM Checked by/Date:

Internal Use Only
ATM / VISA Check Card

Issue Type: ☐ Instant Issue ☐ Fiserv Card #: _____

Instant Issue In Person Date: _____ By: _____

Instant Issue Mailed Date _____ By: _____

Note: If minor with parent/legal guardian, add the alternate name in Fiserv on NEXT day.

☐ PIN Offset ☐ Force Activate Annual Fee: ☐ Yes ☐ No

Fiserv FM by/Date:	Fiserv FM Checked by/Date:
Navigator FM by/Date:	Navigator FM Checked by/Date: