**Customer Information**

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| --- | --- |
| **Existing Customer:** | [ ] Yes [ ]  No  |
| **Name:** |  |
| **Citizenship:** | [ ] US Citizen [ ] Permanent Resident [ ] Non-Resident Alien |
| **SSN:** |  |
| **Date of Birth:** |  |
| **E-Mail:** |  |
| **Physical Address:** |  |
| **Mailing Address:**(If different): |  |
| **County:** |  |
| **Phone Number:** |  |
| **Employer:** |  |
| **Occupation:**  | (If retired, disabled, or unemployed…list most recent) |
| **Identification Type:** | [ ] Driver’s License [ ]  State ID [ ] Passport [ ] Permanent Resident Card |
| **State of Issue:** |  |
| **ID Number:** |  |
| **Issue Date:** |  |
| **Expiration Date:** |  |

**Customer Signature Date**

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| --- | --- |
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*(I certify that the above information is true and correct. I authorize Legacy State Bank to run a ChexSystems report prior to opening my account.)*

**Office Use Only**

|  |  |
| --- | --- |
| **Risk Rating Based On Opening Of The Account:** | [ ]  Low (Existing or Local New Customer, CD or IRA)[ ]  Medium (Out of Bank’s Market Area, Professional Service Providers, Non-Government Organizations)[ ]  High (Cash Intensive, Money Service Business [MSB], Cannabis, Crypto, Private ATM, Quick Bank Customer) |
| **Verafin OFAC Check:**(Does the customer’s name appear on a government watch-list?) |  [ ] Yes [ ]  No |
| **CDD form completed in Verafin:** | [ ] Yes [ ]  No [ ]  NA (loans only) |

**Customer Service Representative Date**

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| --- | --- |
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