

# Individual Customer Information Form

DATE: \_\_\_\_\_ EMPLOYEE: \_\_\_\_\_

ACCOUNT OPENED: IN PERSON \_\_\_\_\_  
 BY MAIL \_\_\_\_\_  
 BY EMAIL \_\_\_\_\_

NEW CUSTOMER - INFORMATION PUT ON  
 BANCAPAC \_\_\_\_\_ *(Initialed by CSR)*  
 EXISTING CUSTOMER - INFORMATION SENT  
 TO CSR FOR UPDATE: \_\_\_\_\_ *(Initialed by per-  
 son who collected the information and gave form to  
 CSR)*

## NEW ACCOUNT INFORMATION

ACCOUNT/LOAN # \_\_\_\_\_

TYPE OF ACCOUNT(S): \_\_\_\_\_

REP PAYEE: WILL SOCIAL SECURITY BENEFITS FOR  
ANOTHER PERSON BE SENT TO THIS ACCOUNT?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

OPENING DEPOSIT: \$ \_\_\_\_\_

SOURCE OF FUNDS: \_\_\_\_\_  
*(CASH, CHECKS, INTERNAL TRANSFER W/ACCOUNT  
 NUMBER, ETC.)*

### Customer Information

Account Owner or Authorized Signer

Full name: \_\_\_\_\_

Social Sec # \_\_\_\_\_

Date of Birth \_\_\_\_\_

ID Type \_\_\_\_\_ ID # \_\_\_\_\_

Issue/Expiration Dates: \_\_\_\_\_ / \_\_\_\_\_

Physical Address: \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_  
 \_\_\_\_\_

Home Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Occupation: \_\_\_\_\_  
*Retired or Disabled—you must obtain their former  
 occupation, or put Disabled from birth.*

Code Word: \_\_\_\_\_  
**Impress on customer that Code must be something  
 they can recall, for identification.**

Customer Signature for Code: \_\_\_\_\_  
 \_\_\_\_\_

### Banking Information

Products and Services to be used:

Direct Deposit: \_\_\_ Yes \_\_\_ No *If yes, explain:*  
 \_\_\_\_\_

Wire Transfers: \_\_\_ Yes \_\_\_ No *If yes, explain:*  
 \_\_\_\_\_

Loans \_\_\_ Yes \_\_\_ No Checking Account: \_\_\_ Yes \_\_\_ No  
 Savings Account \_\_\_ Yes \_\_\_ No  
 Online Banking \_\_\_ Yes \_\_\_ No CD \_\_\_ Yes \_\_\_ No  
 Debit Card \_\_\_ Yes \_\_\_ No  
 Monetary Instruments \_\_\_ Yes \_\_\_ No  
 Other \_\_\_\_\_

### Non-Documentary Verification

*Mark documents used and include copies*

Watchdog \_\_\_\_\_ Qualifile \_\_\_\_\_ Credit Report \_\_\_\_\_  
*OFAC only Includes OFAC Includes OFAC*

AVDL \_\_\_\_\_ Address Verification Letter mailed \_\_\_\_\_

Other: *List items used to verify address, such as Payroll  
 Check, Utility Bill, etc.*  
 \_\_\_\_\_

### Risk Assessment

Is customer a PEP (Politically Exposed Person)?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

Will customer have cash deposits over \$5,000.00 per month?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

Will customer receive any foreign wires? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Does customer reside in the local area?

\_\_\_\_\_ Yes \_\_\_\_\_ No  
*Explain if No* \_\_\_\_\_