



New Account Application - Customer Information Form – Individual

The USA Patriot Act was passed to help prevent fraud, identity theft and the spread of terrorism. It requires financial institutions to obtain more information from an individual or legal entity to help establish identity. When you open a new account, change an existing account or request a loan, you may be asked more questions and will be required to provide photo identification.

Date: ____/____/____ Check One: Individual: ____ Joint: ____ Sole Proprietor: ____
Account Type(s) interested in opening: __ Checking__ Saving__ Money Market__ Certificate __ SDB
(Please note this form must be completed for each individual person that will be listed on the account.)
Full Legal Name: _____
Address: Street/City/State/Zip: _____
Mailing Address (if different): _____
How long have you lived at present address (years, months): _____
Home Phone: _____ Cell Phone: _____ Business Phone: _____
SSN: _____ EIN: _____
Date of Birth: _____ Place of Birth (City & State): _____
ID Type (Check One): Driver's License: ____ Passport: ____ ID Card: ____
Identification Number: _____
State Issued: ____ Issued Date: ____/____/____ Expiration Date: ____/____/____
Email Address: _____
Current Employer: _____
Address: Street/City/State/Zip: _____
If self-employed, what type of business: _____
Occupation: _____ ***(If Retired, what was your last occupation, ex. Retired Teacher)***
Who referred you to Hiawatha National Bank: _____

The following questions may be used for verification purposes:

Mother's Maiden Name: _____

What would you like for your unique verbal passcode(used for verification purposes):

Passcode Hint: _____

(Your Passcode should be something only you know)

Would you like the following? Y/N Debit Card ____ Checks Ordered ____
Would you like the following? Y/N Single Checks ____ Duplicate Checks ____

Hiawatha National Bank reserves the right to make reference calls to employers and/or check verification companies. By signing below, you {the applicant} give authority to the financial institution to request a credit bureau report, for rating and application purposes. By signing below, you certify the above information to be true and factual. You understand that if any of the statements are false, the bank has the right to close this account, and that you will be responsible for all cost incurred.

Applicant Signature