

NEW CUSTOMER APPLICATION

APPLICANT INFORMATION

Name: (last)			(first)			(m.i.)		
Date of Birth:			SSN:			Phone:		
Physical Address:						Cell Phone:		
Mailing Address:								
City:			State:			ZIP Code:		
Own Rent (Please circle)			How Long:					
Previous address:								
City:			State:			ZIP Code:		
Own Rent (Please circle)			How Long:					
Email:				Driver's License #:				
State of Issue:		DL Issue Date:			DL Expiration Date:			
Other ID:				Mother's Maiden Name:				
Marital Status (<i>Married, Single, Legally Separated</i>):								
Nearest Relative (<i>not living with you</i>):								
Address:						Phone:		
City:			State:			ZIP Code:		
Relationship:								

EMPLOYMENT INFORMATION

Current Employer:								
Employer Address:						How long?		
Phone:			E-mail:			Fax:		
City:			State:			ZIP Code:		
Position:								
Previous Employer:								
Address:						How long?		
Phone:			E-mail:			Fax:		
City:			State:			ZIP Code:		
Position:								
Previous Financial Institution:								
What brought you to our Bank? <input type="checkbox"/> Product <input type="checkbox"/> Location <input type="checkbox"/> Relationship to Banker <input type="checkbox"/> Dissatisfied with current Bank <input type="checkbox"/> Other:								
Which of the following services do you plan to use? <input type="checkbox"/> Internet Banking <input type="checkbox"/> Bill Pay <input type="checkbox"/> Wire Transfer <input type="checkbox"/> ATM/Debit Card <input type="checkbox"/> Loans <input type="checkbox"/> Safety Deposit Box <input type="checkbox"/> Paper Statement								
Do you have any automatic deposits? <input type="checkbox"/> Social Security <input type="checkbox"/> Payroll <input type="checkbox"/> Pension <input type="checkbox"/> Other:								
Do you know how many deposits you will make per month? <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11 or more								
Will you be depositing cash on a regular basis? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list approximate dollar amounts:								

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Do you know how many checks or withdrawals you will make a month? 1-5 6-10 11 or more

Do you have any automatic withdrawals? YES NO

If yes, please list as many as possible:

Are you involved in Hemp Related Business/products: YES NO

****If Yes, complete the Hemp Related Business/Product Form**

IDENTIFYING INFORMATION

Customer Password:

HSA APPLICANT ONLY

	YES	NO
1. Are you covered by a High Deductible Health Plan?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you also covered by any other health plan that is not an HDHP and that provides coverage for any benefit which is covered under the HDHP?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you enrolled in Medicare?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you eligible to be claimed as a dependent on another person's tax return?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to question 1 and NO to questions 2 through 4, you are eligible to establish and HSA.

If this contribution is a qualified HSA funding distribution from your IRA, please answer the following eligibility question.

5. Do you certify that you satisfy the requirements for depositing a qualified HSA funding distribution from your IRA?	<input type="checkbox"/>	<input type="checkbox"/>
6. Type of Health Insurance Coverage Plan:	<input type="checkbox"/> Single	<input type="checkbox"/> Family

****I have applied to open an account at Citizens First Bank and certify that all information contained in this application is true and valid as of this date. I also authorize Citizens First Bank to obtain a consumer credit report and to verify the above information by contacting any party which may verify said information, including former financial institutions and employers.**

Signature of applicant

Date

For Bank Use:

Privacy Disclosure:	Address Verification:	Risk Rating:
Application Taken By:	Application Approved By:	Verified By:
OFAC:		