BankFIRST Personal Banking Account

Customer Information Form

IMPORTANT ACCOUNT OPENING INFORMATION: *Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide two forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.*

Primary Account Holder

Copy of unexpired Driver's License required. Additional documentation may be requested or required before proceeding with account opening. Customers will be notified of requests if warranted.

Name _____

Street Address _____
(If street address doesn't match your driver's license; please provide a utility bill for address verification.)

City _____ State _____ Zip _____

Home# _____ Work# _____ Mobile# _____

Drvrs Lc # _____ State _____ Iss. Date _____ Exp Date _____

Date of Birth _____ Email _____

Employer _____

Position/Title _____

Social Security Number _____

Mother's Maiden Name _____

Secondary Identification

*Please provide a **copy** of one of the following: Certified Birth Certificate, Passport, Current Utility, Cable or Phone Bill, Medicare or Medicaid Card, Voter's Registration, Social Security card, Vehicle Registration or Local employer ID card with photo or current school ID with photo*

OR

Record (no copy required) an unexpired Credit Card (Visa, MasterCard, AMEX, or Discover):

Type _____ Issuer: _____

Last 4 digits of card number _____ Expiration Date _____

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals or as a business entity.

Signature _____ Date _____

Joint Account Holder (If Applicable)

Copy of unexpired Driver's License required. Additional documentation may be requested or required before proceeding with account opening. Customers will be notified of requests if it is warranted.

Name _____

Street Address _____
(If street address doesn't match your driver's license; please provide a utility bill for address verification.)

City _____ State _____ Zip _____

Home# _____ Work# _____ Mobile# _____

Drvrs Lc # _____ State _____ Iss. Date _____ Exp Date _____

Date of Birth _____ Email _____

Employer _____

Position/Title _____

Social Security Number _____

Mother's Maiden Name _____

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Signature _____ Date _____

Accounts and Services

(Please check any Accounts and Services that you currently use or would like to use in the future.)

- ☐ Regular Checking Account
- ☐ Interest Bearing Checking Account
- ☐ Savings Account
- ☐ Money Market Account
- ☐ Passbook Account
- ☐ Certificate of Deposit
- ☐ Individual Retirement Account
- ☐ Free Online Banking with Bill Pay
- ☐ Debit Card
- ☐ Safe Deposit Box
- ☐ Consumer Loan
- ☐ Credit Card *
- ☐ Home Equity Line of Credit *
- ☐ Mortgage Loan *
- ☐ Other: (Please write-in response in the space provided below)

_____

*Pending approval

If you need assistance completing this form, call or visit one of our BankFIRST Financial Center locations and a Client Relationship Specialist will be happy to assist you.

Please remember, you should never send personal, confidential information via email.