



CONSUMER CUSTOMER IDENTIFICATION

ACCOUNT TYPE:

INDIVIDUAL	JOINT TENANTS	POD BENEFICIARY	FIDUCIARY CUSTODIAN	TRUST	OTHER:
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ACCOUNT TITLE:	
PRIMARY OWNER NAME:	
STREET ADDRESS:	
MAILING ADDRESS:	
PRIMARY CONTACT TELEPHONE#	EMAIL:
SOCIAL SECURITY #	DATE OF BIRTH:
EMPLOYMENT:	POSITION/TITLE:
IDENTIFICATION:	
PRIMARY:	SECONDARY:
PURPOSE FOR ACCOUNT:	

SECONDARY OWNER NAME:	
STREET ADDRESS:	
MAILING ADDRESS:	
PRIMARY CONTACT TELEPHONE#	EMAIL:
SOCIAL SECURITY #	DATE OF BIRTH:
EMPLOYMENT:	POSITION/TITLE:
IDENTIFICATION:	
PRIMARY:	SECONDARY:

ADDITIONAL SIGNER(S):

NAME:	
STREET ADDRESS:	
MAILING ADDRESS:	
PRIMARY CONTACT TELEPHONE#	EMAIL:
SOCIAL SECURITY #	DATE OF BIRTH:
EMPLOYMENT:	POSITION/TITLE:
IDENTIFICATION:	
PRIMARY:	SECONDARY:

NAME:	
STREET ADDRESS:	
MAILING ADDRESS:	
PRIMARY CONTACT TELEPHONE#	EMAIL:
SOCIAL SECURITY #	DATE OF BIRTH:
EMPLOYMENT:	POSITION/TITLE:
IDENTIFICATION:	
PRIMARY:	SECONDARY:

NAME:	
STREET ADDRESS:	
MAILING ADDRESS:	
PRIMARY CONTACT TELEPHONE#	EMAIL:
SOCIAL SECURITY #	DATE OF BIRTH:
EMPLOYMENT:	POSITION/TITLE:
IDENTIFICATION:	
PRIMARY:	SECONDARY:



CONSUMER ACCOUNT INFORMATION:

PROFILE QUESTIONS:	YES/NO
Was this account opened in person?	
Are you a U.S. citizen? If no, are you a resident alien?	
Are you an elected official?	
Is any authorized signer a politically exposed person?	
Are you moving funds from an account at another institution? If so, name of the financial institution:	
Does any of your income come from writing orders for or from the sale, growth, dispensing or transportation of Marijuana, CBD or Hemp?	
Do you work for anyone whose income comes from writing orders for or from the sale, growth, dispensing or transportation of Marijuana, CBD or Hemp?	

ANTICIPATED ACCOUNT ACTIVITY:

What is your expected account usage?	General/personal	Other: Specify
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# Deposits/Month Estimate	
\$ Deposits/Month Estimate	
Withdrawals/Month Estimate	
Will you be making cash deposits? If so, monthly estimate	
Will you be receiving domestic or foreign wires?	
Will you be sending domestic or foreign wires?	
Do you anticipate purchasing monetary instruments? Money Orders Cashier’s Checks	
Do you anticipate receiving ACH debits?	
Do you anticipate automatically receiving payroll, Social Security or other income into the account? List of entities:	

BENEFICIARIES:

NAME:	
STREET ADDRESS:	
MAILING ADDRESS:	
PRIMARY CONTACT TELEPHONE#	EMAIL:
SOCIAL SECURITY #	DATE OF BIRTH:
EMPLOYMENT:	POSITION/TITLE:
IDENTIFICATION:	
PRIMARY:	SECONDARY:

NAME:	
STREET ADDRESS:	
MAILING ADDRESS:	
PRIMARY CONTACT TELEPHONE#	EMAIL:
SOCIAL SECURITY #	DATE OF BIRTH:
EMPLOYMENT:	POSITION/TITLE:
IDENTIFICATION:	
PRIMARY:	SECONDARY:

NAME:	
STREET ADDRESS:	
MAILING ADDRESS:	
PRIMARY CONTACT TELEPHONE#	EMAIL:
SOCIAL SECURITY #	DATE OF BIRTH:
EMPLOYMENT:	POSITION/TITLE:
IDENTIFICATION:	
PRIMARY:	SECONDARY:



____/____/____
Effective Date

CHANGE DIRECT DEPOSIT

Employer's/Depositor's Name

Address

City

State

Zip

To whom it may concern:

You are currently depositing my ☐ Paycheck/ ☐ Social Security/ ☐ Other (check one)
to the following account:

Financial Institution Name

Routing Number

Account Number

Please stop making deposits to that account and instead make them to:

Financial Institution Name

Routing Number

Account Number

If you have any questions about this request, please contact me at:

Phone Number

Best Time to Call

Thank you.
Sincerely,

Signature

Name (please print)

Address

City, State, Zip

Social Security Number (If applicable)

Other information your employer/depositor may need
(Ex: Employee ID Number, etc.)





____/____/____
Effective Date

CHANGE AUTOMATIC WITHDRAWAL

Name of Company That Makes Automatic Withdrawals

Address

City

State

Zip

To whom it may concern:

You are currently withdrawing \$_____ (amount) for my _____ (what payment is for)
from _____ (account number), on _____ (when) from the following account:

Financial Institution Name

Routing Number

Account Number ☐ CHECKING ☐ SAVINGS

Please stop making deposits to that account and instead make them to:

Financial Institution Name

Routing Number

Account Number

If you have any questions about this request, please contact me at:

Phone Number

Best Time to Call

Thank you.
Sincerely,

Signature

Name (please print)

Address

City, State, Zip

Member
FDIC





____/____/____
Effective Date

CLOSE ACCOUNT

Financial Institution Name

Address

City

State

Zip

To whom it may concern:

Please close my account _____ (account number), and send a check for the remaining balance to me at the address below. If you have any questions about this request, please contact me at:

Phone Number

Best Time to Call

Thank you.
Sincerely,

Signature

Co-Signer Signature

Name (please print)

Co-Signer Name (Please print)

City

State

Zip





THE STATE EXCHANGE BANK
SINCE 1901

AUTOMATIC DEPOSIT & WITHDRAWAL CHECKLIST

Name of Company

Account Number

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____

Member
FDIC



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