

# Security First Bank of ND

## NEW CUSTOMER ACCOUNT APPLICATION

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_

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

Business Name D/B/A \_\_\_\_\_

TIN Number: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

### Important Information About Procedures for Opening a New Account:

To help the US Government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: when you open an account, we will ask you for your name, address, date of birth, SSN and other information that will allow us to identify you. We will ask to see a government issued photo ID or other identifying documents.

\*Use another form if more account owners are needed to verify their identity.

### Employment Information:

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

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

City/State/Zip: \_\_\_\_\_

### Account Ownership:

- Individual
- Sole Proprietorship
- Joint with Rights of Survivorship
- Joint without Rights of Survivorship
- Trust
- Safe Deposit Box
- Unincorporated Association (e.g.) 4-H Club, Class Reunion Account, etc.
- Payable on Death

Beneficiaries:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

### Credit Report Authorization: (checking/savings account applications)

I/we hereby apply to the **Security First Bank of North Dakota** to open a checking or savings account for me/us. As part of that application, I/we hereby authorize **Security First Bank of North Dakota** to request a credit report on me/us. **Customer Identity Verification:** I understand that under the USA PATRIOT ACT, this financial institution is obligated to verify the identity of each customer opening a new account, or each new owner being added to a deposit account, and I understand and agree that if the institution is not able to verify the identity of all of the owners of this account within a reasonable time, it may close this account or other accounts that are opened at any time, at its sole discretion without providing advanced notice.

Signature: \_\_\_\_\_

Bank Use Only:

PORT#(s) \_\_\_\_\_

ACCOUNT#(S) \_\_\_\_\_

Employee/Resp. Code: \_\_\_\_\_

Resp. Code \_\_\_\_\_ Opened By \_\_\_\_\_