



Customer Information Program (CIP)* & Consumer Account Application

(Updated April 16, 2007-Edwardsville)

All new customers & authorized signers are verified using ChexSystems as well as checked against the OFAC list.
* CIP is required under the USA Patriot Act of 2001.

PRIMARY ACCOUNT OWNER:

Customer Relationship: New Existing

First Name _____ M.I. _____ Last Name _____

Street Address _____ City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

Drivers License Number _____ Issuing State _____ Expiration Date ____/____/____

Home Phone Number _____ Cellular Phone Number _____

Employer _____ Employer Phone Number _____

Email Address _____ Marital Status: Single Married Divorced Widowed
Sex: Male Female

U. S. Citizen: Yes
 No, Explain (Passport, Other Documentation, etc.): _____

I do hereby certify that all of the above information is correct and I authorize Premier Bank to verify the information.

Signature of Applicant _____ Date ____/____/____

ADDITIONAL ACCOUNT HOLDER AUTHORIZED SIGNER OTHER

Customer Relationship: New Existing

First Name _____ M.I. _____ Last Name _____

Street Address _____ City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

Drivers License Number _____ Issuing State _____ Expiration Date ____/____/____

Home Phone Number _____ Cellular Phone Number _____

Employer _____ Employer Phone Number _____

Email Address _____ Marital Status: Single Married Divorced Widowed
Sex: Male Female

U. S. Citizen: Yes
 No, Explain (Passport, Other Documentation, etc.): _____

I do hereby certify that all of the above information is correct and I authorize Premier Bank to verify the information.

Signature of Applicant _____ Date ____/____/____

ADDITIONAL ACCOUNT HOLDER AUTHORIZED SIGNER OTHER

Customer Relationship: New Existing

First Name _____ M.I. _____ Last Name _____

Street Address _____ City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

Drivers License Number _____ Issuing State _____ Expiration Date ____/____/____

Home Phone Number _____ Cellular Phone Number _____

Employer _____ Employer Phone Number _____

Email Address _____ Marital Status: Single Married Divorced Widowed
Sex: Male Female

U. S. Citizen: Yes
 No, Explain (Passport, Other Documentation, etc.): _____

I do hereby certify that all of the above information is correct and I authorize Premier Bank to verify the information.

Signature of Applicant _____ Date ____/____/____

FOR BANK PERSONNEL USE ONLY

Account Number: _____

Account Title: _____

Account Type: Checking Savings IRA _____

Certificate of Deposit Christmas Club

Account Name / Type / Rate: _____ / _____ / _____ % Opening Balance: \$ _____

Account Ownership: Individual Joint w/ Survivorship UTMA Trust* (Revocable/Irrevocable) Other _____

* Trust Certification Form Completed

CUSTOMER VERIFICATION PERFORMED BY BANK PERSONNEL

ID Copy ChexSystems Inquiry OFAC Lookup (*New Customers*) or CIF Account Relationship Screen Print (*Existing Customers*)

Entered into CSI - (*Initials*): _____ Date ____/____/____ Reviewed By (*Initials*): _____ Date ____/____/____

EDWARDSVILLE CHECKLIST

Mailing List Thank you Letter from Kent Scan under Customer File Email to Lisa – lpagan@premierbanks.net