



## PERSONAL ACCOUNT APPLICATION

**\*\*To be completed for each signer on the account\*\***

Please provide the information below. Any area left blank may cause a delay in account processing.

Personal Information			
SSN:	Name: (same as on SS card)		Account Type:
DOB:			<input type="checkbox"/> Checking
Home PH:	Mailing Address:		<input type="checkbox"/> Savings
Work PH:	City:	State:	Zip:
Cell PH:	Physical/Home Address:		<input type="checkbox"/> Money Market
			<input type="checkbox"/> Other
Place of Employment:	Place of Birth (City, ST):	Mother's Maiden Name:	
Occupation:	Form of Deposit: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Transfer <input type="checkbox"/> Other		
Email:	Amount of opening deposit:		
Nature of Account			

This is a personal account and should only include personal types of activity.

Please initial below to confirm the following:

I confirm that I will not conduct any Marijuana related business activity through this account. \_\_\_\_\_

I confirm that I will not conduct any Hemp related business activity through this account. \_\_\_\_\_

I confirm that I will not conduct any transactions related to unlawful internet gambling. \_\_\_\_\_

Account Activity			
Expected monthly deposits (best guess):			
Cash	\$ _____	ACH/Electronic	\$ _____
Checks	\$ _____	Wires	\$ _____
Expected monthly withdrawals (best guess):			
Cash	\$ _____	ACH/Electronic	\$ _____
Checks	\$ _____	Wires	\$ _____
Please check here if you expect to have any Bitcoin or Crypto-Currency transactions. <input type="checkbox"/>			

Primary Identification w/Photo	Secondary Identification for Minor Accounts
<input type="checkbox"/> Unexpired Drivers License	<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Unexpired State ID	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Passport	<input type="checkbox"/> Student ID
<input type="checkbox"/> Government or Military Picture ID	
<input type="checkbox"/> Alien Registration Card	

Please attach copy(s) of identification checked above

The information I have provided on this form is correct to the best of my knowledge.

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

Date: \_\_\_\_\_