



Account Type Account

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Date

Port

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Owner Name: Tax ID #: Street Address: Phone 1: (cell) City, State, Zip: Phone 2: () Birth Date: E-Mail: D/L-ID State: Driver's License/ID #: Issue Date: Expire Date: U.S. Citizen Resident Alien Non-Resident Alien (W8) Country of Residence Employer: Occupation: ** IF RETIRED NOTE PREVIOUS Why did you choose HTSB? Connection(s) to Osage/surrounding area? Do you have accounts at other Banks? Yes/No What Bank? Closing? Yes/No

BANK USE

Owner Name: Tax ID #: Street Address: Phone 1: (cell) City, State, Zip: Phone 2: () Birth Date: E-Mail: D/L-ID State: Driver's License/ID #: Issue Date: Expire Date: U.S. Citizen Resident Alien Non-Resident Alien (W8) Country of Residence Employer: Occupation: ** IF RETIRED NOTE PREVIOUS Why did you choose HTSB? Connection(s) to Osage/surrounding area? Do you have accounts at other Banks? Yes/No What Bank? Closing? Yes/No

BANK USE

Purpose of this account? Household Expenses Direct Deposit Savings Investment Other What funds will you typically deposit? Payroll Social Security Pension Investment Cash Other Any deposits to be direct deposit transactions? Yes No If Yes: Domestic (US) Foreign On a monthly basis: Do you expect to send ACH or other automatic payments? Yes No If Yes, note type: Mortgage Utilities Car Payment Insurance Credit Card Other Will you be sending/receiving wire transfers? Yes No If Yes, note type: Domestic (US) Foreign To/From: Make deposits or withdrawals of cash over \$5,000 per month? Yes No Purchase cashier's checks, gift cards or travel cards? Yes No (Circle which type)

RISK RATING - BANK USE ONLY

Customer(s) occupation/ Owner(s) business type. Check all boxes that apply. If not listed, write in.

<input type="checkbox"/>	Accounting/Legal Service	<input type="checkbox"/>	Gambling Related Bus	<input type="checkbox"/>	Liquor/Tobacco Store	<input type="checkbox"/>	Retail Store
<input type="checkbox"/>	ATM/Check Cashing Svc	<input type="checkbox"/>	Importer/Exporter	<input type="checkbox"/>	Marijuana Related Bus	<input type="checkbox"/>	Restaurant/Bar
<input type="checkbox"/>	Auctioneer	<input type="checkbox"/>	International Business	<input type="checkbox"/>	Medical Doctor/Clinic	<input type="checkbox"/>	Self Empld non-local
<input type="checkbox"/>	Car/Boat/Plane Dealer	<input type="checkbox"/>	Investments/Broker	<input type="checkbox"/>	Money Servc Bus	<input type="checkbox"/>	Travel Agency
<input type="checkbox"/>	Convenience Store	<input type="checkbox"/>	Jewels/Metals/Dealer	<input type="checkbox"/>	Parking Garage	<input type="checkbox"/>	Transport/Trucking
<input type="checkbox"/>	Deposit Broker	<input type="checkbox"/>	Laudromat/Vending	<input type="checkbox"/>	Pawn Shop	<input type="checkbox"/>	
<input type="checkbox"/>	Gas Station	<input type="checkbox"/>	Leather Goods	<input type="checkbox"/>	Realtor/Broker	<input type="checkbox"/>	

RISK ASSESSMENT

Questions: (Answer "Yes" or "No"; If question does not apply, leave blank.)	Yes No	Score
1. Individual resides locally? No = 2		
2. US Citizen? No = 3		
3. Occupation or Owner of Business type listed above? (No if Self-employed locally or if not listed above) Yes = 3		
4. Deposits/withdrawals of cash > \$5,000 per month? Yes = 5		
5. Purchase cashier's checks, money orders, gift cards, etc. Yes = 3		
6. Customer will send/receive Domestic ACH? Yes = 1		
7. Customer will send/receive Foreign ACH? Yes = 3		
8. Customer will send/receive Domestic wires? (i.e. payroll, social security, pay bills online, etc.) Yes = 2		
9. Customer will send/receive Foreign Wires? Yes = 5		
10. Customer maintains deposit accounts at other banks? Yes = 2		

(1) Low Risk = 0 - 7 (2) Med. Risk = 8 - 14 (3) High Risk = 15 - 20

Risk Score: _____

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Date of Initial Rating: _____ By: _____ Notes: _____

Customer Profile: Non-Business

Opening Deposit Amount: _____ (Cash) (Pers. Ck) (Cashier's Ck) (Payroll Ck) (Transfer)

Anticipated Deposit Cycle/Amt: _____ (Daily) (Weekly) (Bi-Weekly) (Bi-Monthly) (Monthly)

Additional Notes:

Loan Customer Check Order Starter Checks
 Online Banking Check Register _____
 Mobile Banking Debit Card _____

** Please bring your photo ID, and proof of address when you open your account.