

Account Type _____	Account # # _____
------------------------------	-----------------------------

Owner Name: _____ **Social Security #:** _____

Street Address: _____ **Phone 1:** _____ (c) (h) (w)

City, State, Zip: _____ **Phone 2:** _____ (c) (h) (w)

Birth Date: _____ **E-Mail:** _____

D/L-ID State: _____ **Driver's License/ID #:** _____

Issue Date: _____ **Expire Date:** _____

Name of Current Employer: _____ **City/State:** _____

Current/Previous Occupation: _____ **U.S. Citizen:** Yes No

If No, anticipated length of stay in U.S & do you have permission to work? _____

Nearest Relative (Not living with you): _____ **City/State:** _____

Why did you choose HTSB? _____ **Current other Bank:** _____

BANK USE

Owner Name: _____ **Social Security #:** _____

Street Address: _____ **Phone 1:** _____ (c) (h) (w)

City, State, Zip: _____ **Phone 2:** _____ (c) (h) (w)

Birth Date: _____ **E-Mail:** _____

D/L-ID State: _____ **Driver's License/ID #:** _____

Issue Date: _____ **Expire Date:** _____

Name of Current Employer: _____ **City/State:** _____

Current/Previous Occupation: _____ **U.S. Citizen:** Yes No

If No, anticipated length of stay in U.S & do you have permission to work?: _____

Nearest Relative (Not living with you): _____ **City/State:** _____

Why did you choose HTSB?: _____ **Current other Bank:** _____

BANK USE

Purpose of this account? Household Expenses Savings Investment

Other _____

What funds will you typically deposit? Payroll Social Security Pension Investment

Other _____

Any deposits to be direct deposit transactions? Yes No **If Yes:** Domestic (US) Foreign

On a regular basis, do you expect to:

Send ACH or other automatic payments? Yes No **If Yes:**

Mortgage Utilities Car Payment Insurance Credit Card Other _____

Send/Receive wire transfers? Yes No **If Yes:** 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

RISK RATING - BANK USE ONLY

Occupation/Owner of a Business type listed below? Check all boxes that apply. If occupation is not listed, check "Other".

<input type="checkbox"/>	Accounting/Legal Services	<input type="checkbox"/>	Importer/Exporter	<input type="checkbox"/>	Money Service Business	<input type="checkbox"/>	Travel Agency
<input type="checkbox"/>	ATM/Check Cashing Service	<input type="checkbox"/>	Investments/Broker	<input type="checkbox"/>	Parking Garage	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Auctioneer	<input type="checkbox"/>	Jewels/Metals Dealer	<input type="checkbox"/>	Pawn Shop	<input type="checkbox"/>	
<input type="checkbox"/>	Car/Boat/Plane Dealer	<input type="checkbox"/>	Laundromat/Vending	<input type="checkbox"/>	Real Estate	<input type="checkbox"/>	
<input type="checkbox"/>	Convenience Store	<input type="checkbox"/>	Leather Goods	<input type="checkbox"/>	Realtor/Broker	<input type="checkbox"/>	
<input type="checkbox"/>	Deposit Broker	<input type="checkbox"/>	Liquor/Tobacco Store	<input type="checkbox"/>	Retail Store (explain)	<input type="checkbox"/>	
<input type="checkbox"/>	Gas Station	<input type="checkbox"/>	Medical Doctor/Clinic	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	

<input type="checkbox"/>	Self-employed (description)		<input type="checkbox"/>	Other (description)	
--------------------------	-----------------------------	--	--------------------------	---------------------	--

Is either customer a non-US Citizen? *ALL NON-US CITIZENS RATE HIGH (3) **Score**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
--------------------------	-----	--------------------------	----	--	--

RISK ASSESSMENT

Questions: (Answer "Yes" or "No"; If question does not apply, leave blank.)		Yes	No	Score
1. Individual resides locally?	No = 2			
2. Occupation or Owner of Business type listed above? (N/A if only Self-employed or Other is checked & no other type is checked)	Yes = 3			
3. Make deposits/withdrawals of cash > \$5,000 per month?	Yes = 5			
4. Purchase cashier's checks, money orders, gift cards, etc.	Yes = 3			
5. Customer will send/receive Domestic ACH? (i.e. payroll, social security, pay bills online, etc.)	Yes = 1			
6. Customer will receive Foreign ACH? (i.e. foreign government benefits, overseas payments, online purchases, etc.)	Yes = 3			
7. Customer will send/receive Domestic wires?	Yes = 2			
8. Customer will send/receive Foreign Wires?	Yes = 5			
9. 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: _____

--	--

Date of Initial Rating: _____ Reviewed By: _____ Adjusted Rating: _____

Rating Adj. Approved By: _____ Notes regarding Adj.: _____

Customer Profile: Non-Business

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

Average Deposit Amount: _____ (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.