

Personal Account Application
One per person

Account number _____

Social Security Number:		Date of Birth:	
Name:			
Physical Address:	City	State	Zip
Mailing Address:	City	State	Zip
Best contact phone number:	Is this a: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Landline		
Email address:	<input type="checkbox"/> Currently signed up for paperless statements		
Driver's License Number:	State of Issuance:	Expires:	
Are you a registered Hemp grower with the Colorado Dept. of Agriculture? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Citizenship <input type="checkbox"/> U.S Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Nonresident Alien Country of Citizenship: _____ Foreign Tax ID Number: _____		Are you or any of your relatives or associates connected to a government other than the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes – Explain:	
Your role: <input type="checkbox"/> Account Holder <input type="checkbox"/> Rep Payee <input type="checkbox"/> Personal Representative <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian <input type="checkbox"/> Agent <input type="checkbox"/> POA			

Financial Information

Are you required information			
<input type="checkbox"/> Employed	Occupation:	Company's name:	
<input type="checkbox"/> Retired	Former occupation:		
<input type="checkbox"/> Unemployed			
<input type="checkbox"/> Other	Explain:		
Types of deposits.....mark all that apply			
<input type="checkbox"/> Payroll check	<input type="checkbox"/> Unemployment benefits	<input type="checkbox"/> Social Security	
<input type="checkbox"/> Retirement/Pension	<input type="checkbox"/> Hemp/Marijuana	<input type="checkbox"/> SSI / SDI	
<input type="checkbox"/> Child Support/Alimony	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Cash	<input type="checkbox"/> Occasionally <input type="checkbox"/> Regularly ___ Tips ___ Odd jobs ___ Marijuana or Hemp employment		
Do you currently use.....mark any that apply			
<input type="checkbox"/> PayPal	<input type="checkbox"/> Venmo	<input type="checkbox"/> Zelle	<input type="checkbox"/> Google Pay <input type="checkbox"/> Apple Pay
<input type="checkbox"/> WorldRemit	<input type="checkbox"/> BitCoin	<input type="checkbox"/> Xoom	<input type="checkbox"/> XE
Do you anticipate.....mark all that apply			
<input type="checkbox"/> Writing checks	<input type="checkbox"/> Using a Debit or ATM card	<input type="checkbox"/> Using Bill Pay	<input type="checkbox"/> Using Remote Deposit Capture (RDC)
<input type="checkbox"/> Using Internet banking	<input type="checkbox"/> Using Mobile Banking <input type="checkbox"/> ACH credits/debits		
<input type="checkbox"/> Domestic Wires	or	<input type="checkbox"/> International Wires	

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the 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.

I certify the above information is true and correct to the best of my knowledge

Signature _____

Date _____