



**HIAWATHA**  
NATIONAL BANK

**Customer Information Form – Individual**

**The USA Patriot Act was passed to help prevent fraud, identity theft and the spread of terrorism. It requires financial institutions to obtain more information from an individual or legal entity to help establish identity. When you open a new account, change an existing account or request a loan, you may be asked more questions and will be required to provide photo identification.**

Date: \_\_\_/\_\_\_/\_\_\_\_\_ Please (X) One: Individual:\_\_\_ Joint:\_\_\_ Sole Proprietor:\_\_\_

Full Legal Name: \_\_\_\_\_

Address: Street/City/State/Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

How Long Have you lived at present address (years, months): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ EIN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City & State): \_\_\_\_\_

ID Type(X): Drivers License: \_\_\_ Passport: \_\_\_ ID Card: \_\_\_

Identification Number: \_\_\_\_\_

State Issued: \_\_\_\_\_ Issued Date: \_\_\_/\_\_\_/\_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_\_\_

Email Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: Street/City/State/Zip: \_\_\_\_\_

If self-employed, what type of business: \_\_\_\_\_

Occupation: \_\_\_\_\_ *(If Retired, what was your last occupation, ex. Retired Teacher)*

Name of Closest Relative/Friend: \_\_\_\_\_

Address: Street/City/State/Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Who referred you to Hiawatha National Bank: \_\_\_\_\_

**The following questions may be used for verification purposes:**

Mother's Maiden Name: \_\_\_\_\_

What would you like for your unique verbal passcode: \_\_\_\_\_

Passcode Hint: \_\_\_\_\_

*(Your Passcode should be something only you know)*

Would you like the following? Y/N Debit Card \_\_\_ Checks Ordered \_\_\_

Would you like the following? (X} Single Checks \_\_\_ Duplicate Checks \_\_\_

**Hiawatha National Bank reserves the right to make reference calls to employers and/or check verification companies. By signing below, you {the applicant} give authority to the financial institution to request a credit bureau report, for rating and application purposes. By signing below, you certify the above information to be true and factual. You understand that if any of the statements are false, the bank has the right to close this account, and that you will be responsible for all cost incurred.**

\_\_\_\_\_  
**Applicant Signature**