



# Central Bank & Trust

A PART OF FARMERS & STOCKMENS BANK

## CONSUMER INFORMATION FORM

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, including business owners, key executives, and/or signers. For you this means that when you open a personal or business account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

As a personal account signer, or as an owner, you are requested to:

1. Please complete this form in its entirety.
2. Please present a copy of primary form of identification for verification.

Legal First Name	Middle Initial	Last Name
Social Security Number	Cell Phone Number	Work Phone Number
Physical Address (No P.O. Box)	City	State, Zip Code
Mailing Address ( Same as above)	City	State, Zip Code
Employer/Industry	Occupation	Date of Birth
Email Address	Call-In Password	

Are you a United States Citizen? Yes or No \*\*IF "No", Approving Officer/Manager initials:

### Anticipated Account Activity - Deposit Accounts Only

	Number	Dollars		Number	Dollars
Cash Deposits			Cash Withdrawals		
Checks Deposited			Checks Written		
ACH Credits (Domestic)			ACH Debits (Domestic)		
ACH Credits (International)*			ACH Debits (International)*		
Money Orders Deposited			Money Orders Purchased		
Incoming Wires (Domestic)			Cashiers Checks Purchased		
Incoming Wires (International)*			Outgoing Wires (Domestic)		
			Outgoing Wires (International)*		

\*If conducting international wire or ACH transactions, please list countries sending to or receiving from:

### For Bank Use Only

#### Forms of Identification: (Only ONE ID Type required)

<b>Primary ID Type: Copy must be retained</b> Driver's License State ID Passport: Birth Cert. (minors only)	Issued By (i.e. Government Entity OR State of Issue):	Issue Date	Address Verification Needed?  Yes  No
	Identification Number	Expiration Date	

I certify that all the information, statements and representations on or attached to this form are true and accurate.

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

Date \_\_\_\_\_

Bank Personnel: \_\_\_\_\_

Date \_\_\_\_\_