



Account Type Account
_____ # _____

Date _____

Port

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
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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 Servic 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.**