



ACCOUNT TYPE	ACCOUNT #:	DATE:
		Port#:

* Please bring your photo ID, and proof of address when you open your account.

OWNER NAME:		TAX ID#:	
STREET ADDRESS:		PHONE 1:	C / H / W
CITY, STATE, ZIP:		PHONE 2:	C / H / W
BIRTH DATE:		EMAIL:	
DL/ID STATE:	DL/ID#		
ISSUE DATE:	EXPIRE DATE:	<input type="checkbox"/>	US CITIZEN
<input type="checkbox"/> RESIDENT ALIEN	<input type="checkbox"/> NON-RESIDENT ALIEN-(W8) COUNTRY OF RESIDENCE		
EMPLOYER:		OCCUPATION: (CURR OR PREV)	
WHY DID YOU CHOOSE HTSB:			PENLEY
DO YOU HAVE ACCOUNTS AT OTHER BANKS? YES / NO		CLOSING? YES / NO	
OWNER NAME:		TAX ID#:	
STREET ADDRESS:		PHONE 1:	C / H / W
CITY, STATE, ZIP:		PHONE 2:	C / H / W
BIRTH DATE:		EMAIL:	
DL/ID STATE:	DL/ID#		
ISSUE DATE:	EXPIRE DATE:	<input type="checkbox"/>	US CITIZEN
<input type="checkbox"/> RESIDENT ALIEN	<input type="checkbox"/> NON-RESIDENT ALIEN-(W8) COUNTRY OF RESIDENCE		
EMPLOYER:		OCCUPATION: (CURR OR PREV)	
WHY DID YOU CHOOSE HTSB:			PENLEY
DO YOU HAVE ACCOUNTS AT OTHER BANKS? YES / NO		CLOSING? YES / NO	
PURPOSE OF THIS ACCOUNT?	<input type="checkbox"/> HOUSEHOLD EXPENSES	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> INVESTMENT
OTHER:			
WHAT FUNDS WILL YOU TYPICALLY DEPOSIT?			
<input type="checkbox"/> PAYROLL	<input type="checkbox"/> SSI / PENSION	<input type="checkbox"/> CASH	<input type="checkbox"/> INVESTMENT
ANY FUNDS DIRECT DEPOSIT (ACH)? YES / NO		<input type="checkbox"/> DOMESTIC	<input type="checkbox"/> FOREIGN
ON A MONTHLY BASIS:			
SEND ACH OR OTHER AUTOMATIC PAYMENTS? YES / NO			
<input type="checkbox"/> MORTGAGE	<input type="checkbox"/> INSURANCE	<input type="checkbox"/> UTILITIES	<input type="checkbox"/> CAR PAYMENT
<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> OTHER		
SENDING / RECEIVING WIRE TRANSFERS? YES / NO		<input type="checkbox"/> DOMESTIC	<input type="checkbox"/> FOREIGN
MAKE DEPOSITS OR WITHDRAWALS OF CASH OVER \$5,000 PER MONTH? YES / NO			
PURCHASE CASHIERS'S CHECKS, GIFT CARDS OR TRAVEL CARDS? YES / NO			

RISK RATING - BANK USE ONLY

Customer(s) occupation / Owner(s) business type - Check all boxes that apply

<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 Employed Non-local
<input type="checkbox"/>	Car / Boat / Plane Dealer	<input type="checkbox"/>	Investments / Broker	<input type="checkbox"/>	Money Service 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")			YES NO	SCORE	
1	Individual resides locally?	NO = 2	<input type="checkbox"/>	<input type="checkbox"/>	
2	US Citizen?	NO = 3	<input type="checkbox"/>	<input type="checkbox"/>	
3	Occupation or owner of business type listed above? (No if self-employed locally or if not listed above)	YES = 3	<input type="checkbox"/>	<input type="checkbox"/>	
4	Deposits / withdrawals of cash > \$5,000 per month?	YES = 5	<input type="checkbox"/>	<input type="checkbox"/>	
5	Purchase cashier's checks, money orders, gift cards, etc?	YES = 3	<input type="checkbox"/>	<input type="checkbox"/>	
6	Customer will send / receive DOMESTIC ACH? (i.e. payroll, social security, pay bills online etc.)	YES = 1	<input type="checkbox"/>	<input type="checkbox"/>	
7	Customer will send / receive FOREIGN ACH? (i.e. foreign govt benefits, overseas pymts, etc.)	YES = 3	<input type="checkbox"/>	<input type="checkbox"/>	
8	Customer will send / receive DOMESTIC wires?	YES = 2	<input type="checkbox"/>	<input type="checkbox"/>	
9	Customer will send / receive FOREIGN wires?	YES = 5	<input type="checkbox"/>	<input type="checkbox"/>	
10	Customer maintains deposit accounts at other banks?	YES = 2	<input type="checkbox"/>	<input type="checkbox"/>	
Low Risk = 0 - 7 Med Risk = 8 - 14 High Risk = 15 - 20			Risk Score:		

Date of 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:

<input type="checkbox"/> Loan Customer	<input type="checkbox"/> Check Order	Other: _____
<input type="checkbox"/> Online / Mobile Banking	<input type="checkbox"/> Check Register	_____
<input type="checkbox"/> Debit Card	<input type="checkbox"/> Starter Checks	_____