



Community Pride Bank

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ACCOUNT INFORMATION FORM

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding or 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.

What this means for you: When you open an account, we will ask you for your name, address, date of birth, and driver's license or other identifying documents that will allow us to identify you.

Existing Customer New Customer Customer Present Customer Not-Present

Name: _____ Date of birth: _____

Social Security #: _____ Driver's License #: _____

Telephone #: _____ Business Phone: _____

Cell Phone #: _____ Best Phone # to be reached: Home Business Cell

Password: _____ **Clue:** _____

(This is required for security purposes to protect account information)

Years at present address: _____

Address: _____

Street

City

State

Zip Code

Previous Address: (if less than 3 years at present address) _____

Street

City

State

Zip Code

Present Employer: _____ How long: _____

Last Banked at: _____ How long: _____

Address or city of bank: _____

(This section must be completed in full)

As of August 1, 1983, it is required by law that we ask the following questions:

1) I have had a Checking Account at this or another financial institution for 12 months preceding this application.
 Yes No Name of Institution: _____

2) Within the past 12 months have you had a Checking Account closed by another bank without your consent, for NSF (non-sufficient funds) check writing?
 Yes No

3) Have you been convicted of a criminal offense involving the use of a check within the past 24 months?
 Yes No

I authorize the financial institution to verify the above information with a credit-reporting agency. I acknowledge that a person supplying a false material statement that is believed not to be true with respect to information requested on this application form is guilty of perjury. Also, I understand that if any of the requested information on this form is incomplete or pending I have 30 calendar days to obtain and forward back to the bank, otherwise the account will be closed.

Signed: _____

Date: _____