

**Del Norte Bank**  
**New Account Application**

Name \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Street Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

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

\_\_\_\_ Employed \_\_\_\_ Retired \_\_\_\_ Disabled      \_\_\_\_ Employed \_\_\_\_ Retired \_\_\_\_ Disabled

Current/Last Employer \_\_\_\_\_ Current/Last Employer \_\_\_\_\_

Occupation: \_\_\_\_\_ How long? \_\_\_\_\_ Occupation: \_\_\_\_\_ How long? \_\_\_\_\_

Account will be used for: \_\_\_\_\_

Funds to open account came from: \_\_\_\_\_

The ongoing source of funds will be: \_\_\_\_\_

Expected monthly cash in and out      In \_\_\_\_\_ Out \_\_\_\_\_

Do you anticipate sending domestic or Foreign Wires? \_\_\_\_\_

    If Yes, Where? \_\_\_\_\_

    How often? \_\_\_\_\_ Dollar amount Monthly? \_\_\_\_\_

**Documentary Identification**

Name \_\_\_\_\_ Name \_\_\_\_\_

SSN \_\_\_\_\_ SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Drivers License # \_\_\_\_\_ Drivers license # \_\_\_\_\_

Issuing State \_\_\_\_\_ Issuing State \_\_\_\_\_

Issue Date \_\_\_\_\_ Expires \_\_\_\_\_ Issue Date \_\_\_\_\_ Expires \_\_\_\_\_

Debit Card? \_\_\_\_\_ Debit Card? \_\_\_\_\_

**Beneficiary**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Percentage \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Percentage \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Percentage \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Percentage \_\_\_\_\_

**Documentary Identification:**

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Issuing State: \_\_\_\_\_  
Expiration: \_\_\_\_\_  
Debit Card: \_\_\_\_\_

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Issuing State: \_\_\_\_\_  
Expiration: \_\_\_\_\_  
Debit Card: \_\_\_\_\_

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Issuing State: \_\_\_\_\_  
Expiration: \_\_\_\_\_  
Debit Card: \_\_\_\_\_

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Issuing State: \_\_\_\_\_  
Expiration: \_\_\_\_\_  
Debit Card: \_\_\_\_\_

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SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Issuing State: \_\_\_\_\_  
Expiration: \_\_\_\_\_  
Debit Card: \_\_\_\_\_

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SSN: \_\_\_\_\_  
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Expiration: \_\_\_\_\_  
Debit Card: \_\_\_\_\_

**For Bank Use Only:**

Port # \_\_\_\_\_ Ind, Joint, POD, Other \_\_\_\_\_  
Acct# \_\_\_\_\_ Acct Type \_\_\_\_\_  
Amt Opened Acct \_\_\_\_\_ 2 Signatures Required? Y/N If Yes, Turn off ACH Code? Y/N  
Transfer from Acct \_\_\_\_\_ Debit Cards allowed on Account Y/N  
Cash \_\_\_\_\_ Check \_\_\_\_\_ Cash Over \$3,000? Y/N Minor? Y/N Waive Service Charge? Y/N  
Source of Revenue: Domestic or International

Customer Status: \_\_\_\_\_ NEW or CURRENT \_\_\_\_\_ Chex Systems? \_\_\_\_\_ Y/N \_\_\_\_\_

OFAC Verification on every account holder? \_\_\_\_\_ Y/Customer \_\_\_\_\_ Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Checks? \_\_\_\_\_ Y/N \_\_\_\_\_ Date Ordered: \_\_\_\_\_ Initial: \_\_\_\_\_

Verification Conducted By \_\_\_\_\_ Date \_\_\_\_\_