

CUSTOMER 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. We will ask for information that will allow us to identify you and we will record identification document information. We will verify information about you by accessing a deposit account verification service (such as ChexSystems, Inc.). By signing below, you agree to these terms and verify that all the information provided is correct.

Required Information

Name: _____ Date of Birth: _____ Minor? Yes No
First Middle Last (under 18 years of age)

Physical Address: _____
(Street, City, State, Zip)

Mailing Address, if different from above: _____
(Street/PO Box, City, State, Zip)

Time at current address: _____ If less than 1 year previous address: _____

Social Security Number: _____ *U.S. Citizen: or *Resident Alien: or **Nonresident Alien?

Home Phone Number: _____ Cell Number: _____

Email Address: _____

City of Birth: _____ Mother's Maiden Name: _____

Employer: _____ Years Employed: _____ Employer Phone Number: _____

Customer Signature _____ Date _____

FOR BANK USE ONLY		* W-9	** W-8BEN- forward copy to Baxter Operations, 218-824-8402
Photo Primary Identification, "Unexpired":			
Photo	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Military ID	<input type="checkbox"/> State ID <input type="checkbox"/> Tribal ID <input type="checkbox"/> Passport <input type="checkbox"/> Visa <input type="checkbox"/> Alien ID
ID Type:	<input type="checkbox"/> Other: _____		
Issued By:	Number/Value: _____	Issue Date: _____	Expiration Date: _____
Secondary Identification – For Resident Alien, Nonresident Alien or Individual engaged in High-Risk Business two forms of ID are required.			
(see CIP Matrix and Risk Rating Matrix for acceptable IDs)			
Photo	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Military ID	<input type="checkbox"/> State ID <input type="checkbox"/> Tribal ID <input type="checkbox"/> Passport <input type="checkbox"/> Visa <input type="checkbox"/> Alien ID (____ Visual ID Required)
ID Type:	<input type="checkbox"/> Government ID <input type="checkbox"/> Mexico Consular ID <input type="checkbox"/> Student School ID <input type="checkbox"/> Foreign Driver's License		
	<input type="checkbox"/> Other: _____		
Issued By:	Number/Value: _____	Issue Date: _____	Expiration Date: _____
Additional Verification Requested:			
	<input type="checkbox"/> QualiFile Verification Completed <input type="checkbox"/> Attach Copies of Identification Documents, if available		
	<input type="checkbox"/> OFAC Verification from Premier OFAC Reporting Module, or FinCEN Website		
Banker Comment: _____			
Approval, if required: _____			
Employee:	Risk Rating: _____ LR _____ MR _____ HR	Port #: _____	Date: _____