



Personal Account Form

Important Notice

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 an account's signer(s); and
-) Validate that no names associated with an account are included on a government watch list.

For verification purposes, Community Bank of the Bay (CBB) requests each account signer's name, address, date of birth, and social security number.

Account Information

<input type="checkbox"/> Individual		<input type="checkbox"/> Joint		<input type="checkbox"/> Trust	
Name & Date of Trust (if applicable)			Primary Phone		Tax ID or Social Security #
Mailing Address			Referral Source (i.e. Website, Event, Customer Referral, etc.)		
Select Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Savings <input type="checkbox"/> Money Market		Indicate which of the following services you would like to use: <input type="checkbox"/> Debit Card(s) <input type="checkbox"/> Online Banking <input type="checkbox"/> Electronic Statements <input type="checkbox"/> Bill Pay <input type="checkbox"/> Mobile Banking <input type="checkbox"/> Paper Statements (\$5 Fee)			Would you like us to order checks? <input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Signer

Name			Social Security #		
Residential Address, City, State, Zip			Home Phone		
E-mail Address			Cell Phone		
Employer Name and Address			Work Phone		
Date of Birth	Birth City	Mother's Maiden Name		Profession	
ID & State of Issuance		Dates of ID Issuance & Expiration		ID Verified by (CBB only)	

Secondary Signer

Name			Social Security #		
Residential Address, City, State, Zip			Home Phone		
E-mail Address			Cell Phone		
Employer Name and Address			Work Phone		
Date of Birth	Birth City	Mother's Maiden Name		Profession	
ID & State of Issuance		Dates of ID Issuance & Expiration		ID Verified by (CBB only)	





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Additional Signer			
Name		Social Security #	
Residential Address, City, State, Zip		Home Phone	
E-mail Address		Cell Phone	
Employer Name and Address		Work Phone	
Date of Birth	Birth City	Mother's Maiden Name	Profession
ID & State of Issuance	Dates of ID Issuance & Expiration		ID Verified by (CBB only)
Additional Signer			
Name		Social Security #	
Residential Address, City, State, Zip		Home Phone	
E-mail Address		Cell Phone	
Employer Name and Address		Work Phone	
Date of Birth	Birth City	Mother's Maiden Name	Profession
ID & State of Issuance	Dates of ID Issuance & Expiration		ID Verified by (CBB only)
Additional Signer			
Name		Social Security #	
Residential Address, City, State, Zip		Home Phone	
E-mail Address		Cell Phone	
Employer Name and Address		Work Phone	
Date of Birth	Birth City	Mother's Maiden Name	Profession
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