



Website: www.rimrockcu.org

New Account Application

Primary Individual Application Information

Name (last, first, Middle)

Date of Birth

Social Security Number

Place of Birth

US Citizen

Email Address

Primary Contact Number

Occupation

Primary Identification # DL

Issue Date

Expiration Date

Current Street Address

City

State

Zip Code

Previous Street Address

City

State

Zip Code

Mailing Address

City

State

Zip Code

➤ I certify that this account will not be used for any marijuana or hemp related business.

Signature: _____ Date: _____

Joint Application Information

Name (last, first, Middle)

Date of Birth

Social Security Number

Place of Birth

US Citizen



Website: www.rimrockcu.org

Email Address

Primary Contact Number

Occupation

Primary Identification # DL

Issue Date

Expiration Date

Current Street Address

City

State

Zip Code

Previous Street Address

City

State

Zip Code

Mailing Address

City

State

Zip Code

➤ I certify that this account will not be used for any marijuana or hemp related business.

Joint Owner Signature: _____ Date: _____

Services – Please select all that you are interested in

<input type="checkbox"/>	Primary Share / Savings (Required)	<input type="checkbox"/>	Debit Cards
<input type="checkbox"/>	Share Draft	<input type="checkbox"/>	Credit Cards
<input type="checkbox"/>	Kasasa Draft Accounts	<input type="checkbox"/>	E-statements
<input type="checkbox"/>	Money Market Accounts	<input type="checkbox"/>	Safe Deposit Boxes
<input type="checkbox"/>	IRA Individual Retirement Accounts	<input type="checkbox"/>	Direct Deposit
<input type="checkbox"/>	CD – Certificate of Deposit	<input type="checkbox"/>	Online Banking
<input type="checkbox"/>	Consumer Loans	<input type="checkbox"/>	Mobile Banking
<input type="checkbox"/>	Home Equity Loans	<input type="checkbox"/>	Mobile Deposit
<input type="checkbox"/>		<input type="checkbox"/>	Bill Pay

Ownership of Account

____ **Individual**

____ **Joint Account**



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Pay on Death (POD) Beneficiary information

Must have all beneficiary information

Beneficiary 1:

Name _____ Relationship _____ DOB ____ / ____ / ____ SSN _____

Address _____ Phone _____

Beneficiary 2:

Name _____ Relationship _____ DOB ____ / ____ / ____ SSN _____

Address _____ Phone _____

Beneficiary 3:

Name _____ Relationship _____ DOB ____ / ____ / ____ SSN _____

Address _____ Phone _____

Expected Activity

As a financial institution, we are required by Federal law to know our members. In order to do this we must perform ongoing due diligence on member accounts to obtain a reasonable understanding of the type of activities our members are involved in. You may be required to complete this or a similar questionnaire each time an account is opened.

All of the following questions require answers. Failure to answer all questions, in the detail required, may result in the inability to open the account requested.

Please circle:

1. Are you affiliated in any way to the growth, use, or distribution of **marijuana or hemp** whether for medical or other purposes, or do/will you perform transactions in any way affiliated with the marijuana or hemp industry through this account? _____

Yes No



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2. What is the intended purpose for this account? _____

3. How will you be making deposits?

_____ In Person

_____ Mail

_____ Night-Drop

_____ Electronic

_____ Other: _____

4. Transactions Anticipated

	Average amount or Range of deposits (\$)	Frequency (per week or per month)
CASH		
CHECKS		
ACH		
WIRES		



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For Institution Use:

Results of Documentary Verification

Members' identity has been verified using the following documentary methods:

Individual Verification (Primary Owner and Joint Owner)

Member's Identity has been verified using the following documentary methods:

EMPLOYEE INITIALS

_____	Name
_____	Address
_____	Date of Birth
_____	Social Security Number
_____	Valid primary identification number: _____
_____	Valid Joint owner identification number: _____
_____	Unable to verify member's identity

Explanation of Resolution of Discrepancies: _____

Membership Eligibility Verification:

Results of Non-Documentary Verification (Primary owner and Joint Owner)

Member's Identity has been verified using the following non-documentary methods:

_____ Chex Systems Verified (Primary and Joint owner)

_____ OFAC Primary owner

_____ OFAC Joint owner

Source of Initial Deposit

_____	Cash	_____	Wire Transfer
_____	Personal check	_____	Cashier / Official Check
_____	Account Transfer Acct #	_____	
_____	Other		

Verification Conducted By:

_____ / ____ / ____

Employee Name

Date