



Colorado Springs  
Pueblo West  
Cañon City  
Pueblo  
Lamar  
Wiley

# LEGACY BANK

## Customer Information Form and New Account Set-Up

Complete one form for each signer

The USA Patriot Act requires that we obtain, verify, and record information that positively identifies each person who opens an account. Listed below are types of identification accepted for verification.

**Identification Documentation**

Any valid U.S. issued drivers license  
U.S. Military I.D.

Any government issued passport  
Any United States issued I.D.

### INDIVIDUAL INFORMATION

\* Name: \_\_\_\_\_ \* Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
                     First                    Middle                    Last

\* Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

\* Physical Address: \_\_\_\_\_  
   Street  City  State  Zip

Mailing Address (if different) \_\_\_\_\_

Phone Contact(s): Home: ( ) \_\_\_\_ - \_\_\_\_ Work: ( ) \_\_\_\_ - \_\_\_\_ Cell ( ) \_\_\_\_ - \_\_\_\_

E-mail Address \_\_\_\_\_ Have you lived in Colorado for the past 5 years?  Yes  No

If not, in which state(s) have you lived? \_\_\_\_\_

**Identification Documentation:** Type: \_\_\_\_\_ Number \_\_\_\_\_ Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Issuance: \_\_\_\_\_ Expiration Date: (if application) \_\_\_\_/\_\_\_\_/\_\_\_\_

### BUSINESS INFORMATION (if applicable)

**Business Name** \_\_\_\_\_ **Tax ID #** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
   Street  City  State  Zip

Business Phone #: ( ) \_\_\_\_ - \_\_\_\_ Business E-mail Address: \_\_\_\_\_

Is your business in any way involved in gambling activities: \_\_\_\_ Yes \_\_\_\_ No  
 If yes, please explain those gambling activities? \_\_\_\_\_

Is your business in any way involved in marijuana related activities? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, please explain? \_\_\_\_\_

**The information I have provided is correct to the best of my knowledge, I authorize Legacy Bank to retrieve a credit report and/or verify the employment history or any other information provided should it deem necessary.**

**Customer Signature** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Debit Card** \_\_\_\_\_ **Safe Deposit Box** \_\_\_\_\_ **E- Statements** \_\_\_\_\_ **Bill Pay** \_\_\_\_\_  
**Online Banking** \_\_\_\_\_ **Direct Deposit** \_\_\_\_\_ **Credit Cards** \_\_\_\_\_ **Merchant Services** \_\_\_\_\_  
**Mobile App** \_\_\_\_\_ **CCM** \_\_\_\_\_ **RDC** \_\_\_\_\_