

Individual CIP

Individual Section			
*For minor applications, please complete the asterisk fields at minimum.			
*Name:		*Date of Birth:	*SSN:
*Address:		*City:	*State:
*Zip:	Home Phone:	Cell Phone:	Work Phone:
Email Address:		Driver's License or State ID#:	
I'm currently <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled. If you are currently retired, unemployed, or disabled, what was your previous occupation?			
Employer's Name:		Occupation:	Years There:
Is your employment seasonal?		If so, which season?	
If you don't live within 25 miles from Reliance Bank, what brought you here?			
Name and phone number of nearest relative not living with you:			
Do you receive all or a portion of your income from a marijuana or hemp related business?			
Is your employer engaged in a marijuana or hemp business?			
ID Verification Questions (Pick 2)			
What's your mother's maiden name?		What is your favorite color?	
What city were you born in?		What is your favorite number?	
What county were you born in?		What is your favorite date?	
Sole Proprietorship Section (complete only if applicable)			
Business Name:			
Address:		City:	State:
Zip:	Mailing Address, if different:	City:	State:
Zip:			
Acknowledgment			
The information in this application is true and complete to the best of my knowledge and belief. I give my permission to Reliance Bank to verify the accuracy of the information provided above by obtaining a consumer credit report from a consumer reporting agency on my behalf.			
Signature: _____		Date: _____	
Internal Use Only (check all applicable items)			
<input type="checkbox"/> Penley ID Verification (minors N/A)	<input type="checkbox"/> OFAC (required for all)	<input type="checkbox"/> Qualifile (required for DDA- minors N/A)	
<input type="checkbox"/> Minor Application	Source & Amount of Initial Funds:	Account Number & Product Type:	