



Valley Bank of Nevada
TRADITION WITH VISION

Account # _____

Consumer New Account Information Sheet

Name of Account: _____

Signer #1 Tax Identification # for Trust Accounts: _____

Customer Name: _____ Social Security #: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

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

City of Birth: _____ Occupation: _____

Primary ID Type: _____ Primary ID Number: _____ Exp. Date: _____

We need a copy of Drivers License (State Issued Driver's License, US Passport, Military Issued Identification)

Secondary ID Type: _____ Last 4 Digits: _____ Issued: _____ Exp. Date: _____

(Debit Card, Major Credit Card, Major Department Store Credit Card, Gas Card)

Account Expected Activity:

Estimated monthly cash deposit volume: Amount \$ _____ Number of Deposits: _____

Estimated monthly cash withdrawal volume: Amount \$ _____ Number of Withdrawals: _____

Domestic Wires: Yes No

Foreign Wires: Yes No

Estimated monthly total incoming wire activity: Amount \$ _____ No. of Incoming Wires: _____

Estimated monthly total of outgoing wire activity: Amount \$ _____ No. of Outgoing Wires: _____

Estimated monthly purchase of cashier's checks : Amount \$ _____ No. of Cashier's Checks: _____

Estimated monthly incoming ACH activity: Amount \$ _____ No. of Incoming ACH: _____

Estimated monthly outgoing ACH activity: Amount \$ _____ No. of Outgoing ACH: _____

Estimated # of checks written per month: Amount \$ _____ No. of Written Checks: _____

Estimated # of monthly debit card transactions: Amount \$ _____ No. of Card Transactions: _____

Source of opening funds? _____

Purpose of Account? _____

		For Bank Use	
Opening Deposit \$	_____	Account Opened By:	_____
ATM/Debit Card	<u>Yes</u> <u>No</u>	Account Approved By:	_____
OFAC	_____	Superceded By:	_____
Onboard Advisor	_____	Call Back By:	_____
Check Order	_____		
Risk Rating	_____		
NAICS Code	_____		
		REV TD	50719

