

# CUSTOMER INFORMATION FORM

(PLEASE PRINT CLEARLY)

It is essential for Chemical Bank that you update your contact information when there are changes. Each customer must complete the Customer Information Form and return to their local branch for identity validation.

\*Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ \*SSN: \_\_\_\_\_  
Please include First Name, Middle Initial and Last Name Example: Jr/Sr

\*Birth Date: \_\_\_\_\_ \*Mothers Maiden Name: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_ \*City, State, Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
\*(If different from Mailing Address - No PO Boxes Please) \*(If different from Mailing Address)

Alternate Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
\*(If Alternate Address is Completed) \*(If Alternate Address is Completed)

\*Please indicate below the Accounts that will utilize the Alternate Address:  
 Account Type:  Checking  Savings Account Number: \_\_\_\_\_  
 Time Deposit  Personal Loan  
 Real Estate Loan

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 Time Deposit  Personal Loan  
 Real Estate Loan

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\*E-Mail Address: \_\_\_\_\_

\*Home Phone: ( ) - \_\_\_\_\_ \*Daytime Phone: ( ) - \_\_\_\_\_ ext. \_\_\_\_\_

Cell Phone: ( ) - \_\_\_\_\_ Fax Number: ( ) - \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_ ext. \_\_\_\_\_  
\*(If different from Daytime Phone)

Employed From: \_\_\_\_\_ Title: \_\_\_\_\_  
\*(If Place of Employment is completed)

\*Type of Identification Used: \_\_\_\_\_ \*State: \_\_\_\_\_ \*DL/ID #: \_\_\_\_\_

Issue Date (if available): \_\_\_\_\_ \*Expiration Date: \_\_\_\_\_

**By signing below, you have indicated that you would like all changes made to your information with Chemical Bank.**

\*Date: \_\_\_\_\_ \*Signature: \_\_\_\_\_

**Chemical Bank will not reveal nonpublic personal information to unaffiliated third parties except as permitted or required by law.**

**\*Indicates Required Fields!**

FOR BRANCH USE ONLY:				FOR INPUT USE ONLY:		
*DATE VERIFIED BY BRANCH :				INITIALS:	INPUT	VERIFY
<input type="checkbox"/> *VERIFIED CUSTOMER SSN MATCHES BANKWAY						
<input type="checkbox"/> VERIFIED DOCUMENTS WITH A CONSUMER REPORTING AGENCY (CHEXSYSTEMS) *(IF NEW CUSTOMER)				DATE:		
*SIGNATURE VERIFICATION - FORM OF ID: <input type="checkbox"/> SIGNATURE CARD <input type="checkbox"/> PICTURE ID						
*ID VERIFIED BY		*DATE ID VERIFIED				
<small>(BRANCH PERSONNEL)</small>						
*BRANCH:		*FAX#		*PHONE#		
COMMENTS/SPECIAL INSTRUCTIONS:						

Original document, with customer signature must be kept on file at the branch.  
 Completed document may be e-mailed (if completed on system) as a Word attachment to "Deposit Services Input" through Outlook.  
 Otherwise please fax completed document to Input - Deposit Services at (989)633-3825