## Service/Risk Profile Form

Date Typ	e of Account		Account Number	
Full Name	Name of Business			
Address (No P.O. Box)				
City		_ State	Zip Code	
Cell Number	Home		Work	
Social Security Number/EIN Num	ber		Date of Birth	
Driver's License# (Current)		Employer		
Employer's Address		Length of employment		
If you are running a credit report				
I authorize Greenfield Banking C	ompany to run a credit	t report for the	e purpose of applying	for a new account.
Signature:			Date:	
Check cashing over \$1000.0 Stored Value Cards	0			
What services do you expect to use Checking Services do you expect to use	Safe Deposit Box CD Wire Transfers	Constructior House	1	
Anticipated Activity:  Source of deposits: cash  Types of withdrawals: cash  Domestic Wire Activity: yes  Foreign Wire Activity: yes  Debit Card usage: Domestic  Operate ATM at Own Premises:	check ACH _ no no Foreign			
Employee:		Date:		
Customer:			Date:	