



Centralized Accounting Authorized Bank Viewer and Debit Card

Local Program Name: _____ Program Number: _____

Local Program Coordinator: _____

The Local Program raises and expends funds under the name of Special Olympics Kansas. All persons associated with the Local Program will comply with the Centralized Accounting policies as determined necessary by the State Office. All monies raised and expended in the name of Special Olympics Kansas will be documented according to accounting policies and procedures set by the State Office.

I fully understand these provisions and will comply with each in the name of the Local Program.

Authorized Bank Viewers and Debit Card:

<u>Name</u>	<u>Online Banking Access</u>		<u>Debit Card</u>	
1. _____	Yes	No	Yes	No
2. _____	Yes	No	Yes	No
3. _____	Yes	No	Yes	No
4. _____	Yes	No	Yes	No

For each person listed above:

- Provide a copy of their Driver's License
- Complete the Security Bank of Kansas City Customer Identification Profile Form
- Complete the Business Online Banking Application for individual(s) with online banking access

Does the team need checks (bills can be paid via online banking) Yes No

- Please provide address to be listed on checks: _____

This form must be filled out and forwarded to the State Office whenever there is a change in Finance Chairs and must be approved by the Local Program Coordinator

**SECURITY BANK OF KANSAS CITY
CUSTOMER IDENTIFICATION PROFILE (CIP) FORM**

Name (First, M.I., Last):		
SSN / ITIN Number:	Date of Birth:	
Cell Phone #:	Work Phone #:	Home Phone #:
Email Address:		
Physical Address: (P.O. Box Not Allowed)		
Mailing Address:		
Place of Employment:		
Occupation: (if retired, list former occupation i.e. retired teacher)		

Primary Identification: (Check one of the following, document, and photocopy)	
<input type="checkbox"/> State Driver's License <input type="checkbox"/> State Issued ID Card <input type="checkbox"/> US Passport <input type="checkbox"/> Foreign Passport <input type="checkbox"/> Other non-expired federal photo ID <input type="checkbox"/> US Military ID <input type="checkbox"/> Global Entry Card w/ photo <input type="checkbox"/> Alien Registration Card w/ photo <input type="checkbox"/> US Government issued Permanent Resident Card w/ photo <input type="checkbox"/> US Government issued Employment Authorized Card with picture ID <input type="checkbox"/> Matricula Card <i>only accepted with the ITIN Card</i>	
Driver's License, Passport or ID Number: _____	State/Country Issued: _____
Date Issued: _____	Expiration Date: _____
Minor Identification: (UTMA or Adult Joint owner required) (if minor will be using account must be fully CIP'd)	
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card <input type="checkbox"/> School ID Card <input type="checkbox"/> US Passport <input type="checkbox"/> State Driver's License <input type="checkbox"/> State Issued ID Card	
Elderly & Disabled Identification: (Check one of the following and photocopy)	
<input type="checkbox"/> Expired Driver's License <input type="checkbox"/> Expired State Issued ID Card <input type="checkbox"/> US Passport	
*PLEASE NOTE: If the individual is not present, have the form notarized and attach a photocopy of driver's license or other photo identification. If the individual is present, two forms of ID will be required.	
Secondary Identification (Check one of the following)	
<input type="checkbox"/> Social Security Card* <input type="checkbox"/> ITIN Card* <input type="checkbox"/> Insurance Card (i.e. medical, auto) <input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Employer ID Card <input type="checkbox"/> Membership Card (i.e. Sam's Club) <input type="checkbox"/> Tax Record <input type="checkbox"/> Medicare/Medicaid Card <input type="checkbox"/> Current Local Utility or Telephone Bill <input type="checkbox"/> Other (Describe) _____	
*Social Security Card and/or Individual Taxpayer Identification Number (ITIN) is preferred secondary documentary identification.	

Are you a current or former foreign political official, or an associate, or a family member of one? Yes No

Are you a US Citizen? Yes No

Are you a Permanent Resident Alien? Yes No

Are you a Non Resident Alien? Yes No (if yes, please complete form W-8BEN)

X _____ Date: _____
Signature of Individual

NOTARY

State of: _____

County of: _____

This instrument was subscribed and sworn before me this ____ day of _____, 20____ by _____
 Furthermore, the identification used for this notarization and the provided copy matches the identification information provided.

 Notary Public
 My Commission Expires: _____

Bank Use Only – Attn: BSA Department

CIF Number: _____	Chex Systems (if applicable) Approved/Denied/Existing/Review (A/D/E/R): _____
Branch: _____	Denial Overridden (Y/N): _____ Overridden By: _____
Employee Signature/Verification: _____	Date: _____

Business Online Banking Application

Section VI – User Security Questionnaire *(One Form per User)*

User Name: _____

Customer Information		
Account Name		
Account Number(s)		
Business Phone Number	Cell Phone	Email Address

Personnel Security Question	
Security Bank of Kansas City, as part of a form of identifying Cash Management account callers, will ask you a question that you have listed below and will require the appropriate answer. Please list a question and answer that is not easily answered by others.	
Security Question to be Asked	Answer to Security Question