

ELK STATE BANK
NEW ACCOUNT APPLICATION



Important Account Opening Information: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one of more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

NAME: _____ **SS#/TIN#** _____
___ Primary Owner ___ Joint Owner ___ Authorized signer ___ Trustee ___ Other _____
Address: _____ U S Citizen: YES _____ NO _____
Address: _____ Date of Birth _____
City/State/Zip: _____ Drivers License (copy required) _____
Home Phone _____ Business Phone _____
Cell Phone _____ Email Address _____
Employer: _____ Position/Title _____

NAME: _____ **SS#/TIN#** _____
___ Primary Owner ___ Joint Owner ___ Authorized signer ___ Trustee ___ Other _____
Address: _____ U S Citizen: YES _____ NO _____
Address: _____ Date of Birth _____
City/State/Zip: _____ Drivers License (copy required) _____
Home Phone _____ Business Phone _____
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Employer: _____ Position/Title _____

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City/State/Zip: _____ Drivers License (copy required) _____
Home Phone _____ Business Phone _____
Cell Phone _____ Email Address _____
Employer: _____ Position/Title _____

Payable On Death Beneficiary (Optional):

Name: _____ SS# _____
Name: _____ SS# _____
Name: _____ SS# _____
Name: _____ SS# _____

TYPE of account:

_____ Regular Checking _____ Senior 60 Checking _____ Student Checking
_____ NOW Account _____ Senior NOW Account _____ Money Market Account
_____ Old Fashion Savings _____ Christmas Club _____ Certificate of Deposit

OWNERSHIP:

_____ Individual
_____ Joint-With Survivorship (and not as tenants in common)
_____ Joint-No Survivorship (as tenants in common)
_____ Unincorporated Non-business Association of Individuals (organizations)
_____ Sole Proprietorship*
_____ Partnership*
_____ Limited Liability Company*
_____ Corporation (For Profit)*
_____ Corporation (Not for Profit)*
_____ Trust

ATM/Debit Card Application _____ Yes _____ No
Internet Banking Application _____ Yes _____ No
Remote Deposit Application _____ Yes _____ No

Services

Frequency of Use

Wire Transfers

Domestic Frequently _____ Occasionally _____ Rarely _____ Never _____
Foreign Frequently _____ Occasionally _____ Rarely _____ Never _____

ACH Origination

Debits Frequently _____ Occasionally _____ Rarely _____ Never _____
Credits Frequently _____ Occasionally _____ Rarely _____ Never _____

Cashier's Checks

Frequently _____ Occasionally _____ Rarely _____ Never _____

Gift Cards

Frequently _____ Occasionally _____ Rarely _____ Never _____

Internet Transactions

Transfers Frequently _____ Occasionally _____ Rarely _____ Never _____
Domestic purchases Frequently _____ Occasionally _____ Rarely _____ Never _____
Foreign purchases Frequently _____ Occasionally _____ Rarely _____ Never _____
Online Gambling Frequently _____ Occasionally _____ Rarely _____ Never _____

Large Cash Transactions

Cash Deposits	Frequently_____	Occasionally_____	Rarely_____	Never_____
Cash Withdrawals	Frequently_____	Occasionally_____	Rarely_____	Never_____
Currency Exchange	Frequently_____	Occasionally_____	Rarely_____	Never_____

***BUSINESS ACCOUNTS ONLY**

Purpose of Business _____

I, _____, hereby certify the above named business does not engage in an Internet gambling business.

Customer Signature

I, _____, have completed the Certification of Beneficial Owners of Legal Entities.

Is this business directly associated with or serving as a marijuana related business? YES _____ NO _____

Is this business indirectly associated with a marijuana related business? YES _____ NO _____

Does this business offer Hemp (cannabis containing 0.3% or less THC) products? YES _____ NO _____

If yes, please provide documentation showing authorized to offer Hemp products.

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I authorize you to check my credit account and employment history and/or have a credit reporting agency prepare a credit report on me, as an individual. I also authorize you to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

_____ Applicant's Signature	_____ Date	_____ Joint Applicant's Signature	_____ Date
_____ Joint Applicant's Signature	_____ Date	_____ Joint Applicant's Signature	_____ Date

For Institution Use:

Date: _____ Account # _____

Approved by: _____ Declined by: _____

Initial Deposit \$ _____ (Cash ___ Check ___ Transfer from _____)

Risk Code: _____

Existing CIF (Y or N) _____

New Customer OFAC check: _____ Credit Report _____ Jack Henry

SS# verified by: _____ SS Card _____ Credit Bureau _____ Tax Return