

New Account Application



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.

To open a new account, please print and fill out the application and send or bring it to Elk State Bank in Clyde, Concordia or Seneca.

Applicant

Name: _____ SS#/TIN# _____

Address: _____ Date of Birth _____

Address: _____ Drivers License (copy required)

City/State/Zip: _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email Address _____

Employer: _____ Position/Title _____

Co-Applicant (for joint account)

Name: _____ SS#/TIN# _____

Address: _____ Date of Birth _____

Address: _____ Drivers License (copy required)

City/State/Zip: _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email Address _____

Employer: _____ Position/Title _____

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

New Account Application Continued



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

Authorized Signer (Optional): _____

Payable On Death Beneficiary (Optional):

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

Telephone Banking Application _____ Yes _____ No

ATM/Debit Card Application _____ Yes _____ No

Internet Banking Application _____ Yes _____ No Bill Pay _____ Yes _____ No

***Business Accounts Only**

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

Signature

New Account Application Continued



Other Financial Institution Relationships:

Name of Financial Institution _____

Address _____

Address _____

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

For Institution Use:

Date: _____

Account # _____

Approved by: _____

Declined by: _____

Initial Deposit \$ _____ (Cash _____ Check _____)

Risk Code: _____ New Customer OFAC check: Credit Report or Jack Henry

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