

**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.

*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.*

**NAME:** \_\_\_\_\_ **SS#/TIN#** \_\_\_\_\_  
\_\_\_ Primary Owner \_\_\_ Joint Owner \_\_\_ Authorized signer \_\_\_ Trustee \_\_\_ Other \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ Drivers License (copy required) \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Employer: \_\_\_\_\_ Position/Title \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SS#/TIN#** \_\_\_\_\_  
\_\_\_ Primary Owner \_\_\_ Joint Owner \_\_\_ Authorized signer \_\_\_ Trustee \_\_\_ Other \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ Drivers License (copy required) \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Employer: \_\_\_\_\_ Position/Title \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SS#/TIN#** \_\_\_\_\_  
\_\_\_ Primary Owner \_\_\_ Joint Owner \_\_\_ Authorized signer \_\_\_ Trustee \_\_\_ Other \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ Drivers License (copy required) \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Employer: \_\_\_\_\_ Position/Title \_\_\_\_\_

**Other Financial Institution Relationships:**

Financial Institution \_\_\_\_\_  
City, State \_\_\_\_\_

Financial Institution \_\_\_\_\_  
City, State \_\_\_\_\_

**TYPE of account:**

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Regular Checking    | <input type="checkbox"/> Senior 60 Checking | <input type="checkbox"/> Student Checking       |
| <input type="checkbox"/> NOW Account         | <input type="checkbox"/> Senior NOW Account | <input type="checkbox"/> Money Market Account   |
| <input type="checkbox"/> Old Fashion Savings | <input type="checkbox"/> Christmas Club     | <input type="checkbox"/> 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

**Payable On Death Beneficiary (Optional):**

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

**ATM/Debit Card Application**       **Yes**       **No**

**Internet Banking 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**

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.

\*\*\*\*\*

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.

|                                |               |                                      |               |
|--------------------------------|---------------|--------------------------------------|---------------|
| _____<br>Applicant's Signature | _____<br>Date | _____<br>Joint Applicant's Signature | _____<br>Date |
|--------------------------------|---------------|--------------------------------------|---------------|

|                                      |               |
|--------------------------------------|---------------|
| _____<br>Joint Applicant's Signature | _____<br>Date |
|--------------------------------------|---------------|

**For Institution Use:**

Date: \_\_\_\_\_ Account # \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Declined by: \_\_\_\_\_  
 Initial Deposit \$ \_\_\_\_\_ (Cash \_\_\_ Check \_\_\_)  
 Risk Code: \_\_\_\_\_ New Customer OFAC check: \_\_\_\_\_ Credit Report \_\_\_\_\_ Jack Henry  
 SS# verified by: \_\_\_\_\_ SS Card \_\_\_\_\_ Credit Bureau \_\_\_\_\_ Tax Return \_\_\_\_\_