



Member FDIC

## 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 or 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# \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address: \_\_\_\_\_ Drivers License (copy required)  
 City/State/Zip: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Employer: \_\_\_\_\_ Position/Title \_\_\_\_\_

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 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

***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

<u>Services</u>	<u>Frequency of Use</u>			
Wire Transfers	Frequently _____	Occasionally _____	Rarely _____	Never _____
Domestic	Frequently _____	Occasionally _____	Rarely _____	Never _____
Foreign	Frequently _____	Occasionally _____	Rarely _____	Never _____
ACH Origination	Frequently _____	Occasionally _____	Rarely _____	Never _____
Debits	Frequently _____	Occasionally _____	Rarely _____	Never _____
Credits	Frequently _____	Occasionally _____	Rarely _____	Never _____
Cashier's Checks	Frequently _____	Occasionally _____	Rarely _____	Never _____
Gift Cards	Frequently _____	Occasionally _____	Rarely _____	Never _____

New Account Application Continued



Internet Transactions

Transfers Frequently Occasionall Rarely Never
Domestic purchases Frequently Occasionall Rarely Never
Foreign purchases Frequently Occasionall Rarely Never
Online Gambling Frequently Occasionall Rarely Never

Large Cash Transactions

Cash Deposits Frequently Occasionall Rarely Never
Cash Withdrawals Frequently Occasionall Rarely Never
Currency Exchange Frequently Occasionall 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.

\_\_\_\_\_  
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 \_\_\_ Jack Henry
SS# verified by: \_\_\_ SS Card \_\_\_ Credit Bureau \_\_\_ Tax Return