

CENTRAL INFORMATION FILE ACCOUNT DATA SHEET (CONSUMER)

APPLICATION:

CHECKING SAVINGS CD SAFE DEPOSIT BOX MONEY MARKET SAVING

EXPECTED NEEDED SERVICES:

DEBIT CARD ATM CARD MONEY ORDER/CASHIER'S CHECKS ELECTRONIC FUNDS TRANSFERS/WIRE/ACH

CLASSIFICATION (CHECK ALL THAT APPLY)

INDIVIDUAL JOINT MINOR REGULAR NOW SENIOR (+55) CANADIAN FOREIGN-NON CANADIAN

APPLICANT: Note- providing false information on this application is subject to possible perjury charges. M.S. 48.152, Subd. 2

Full Name of Applicant _____

Full Name of Co-Applicant _____

Mailing Address _____

Physical Address _____

Applicant Cell Phone # _____ Co-Applicant Cell Phone # _____

Home Phone # _____ Business Phone # _____

Applicant E-mail address _____

Co-Applicant E-mail address _____

Date of Birth _____ Co-Applicant Date of Birth _____

Social Security # _____ Co-Applicant SS# _____

Country of Residence _____

Driver's License # _____ State _____ Exp. _____

Lic. # (Co-Applicant) _____ State _____ Exp. _____

Other ID # _____ State _____ Exp. _____

Passport # _____ Country _____ Exp. _____

Current Employment Information

Applicant's Employer _____ Occupation _____

Employer's Address _____

Employer's Phone # _____

Co-Applicant's Employer _____ Occupation _____

Employer's Address _____

Employer's Phone # _____

USA PATRIOT ACT Customer Identification requirements: In accordance with Section 326 of the USA Patriot Act, applicants for new accounts are requested to provide current picture identification that verifies identity including name, address and other identifying information.

If you are opening a checking account, questions 1-4 must be answered. If you answered yes to 2(a) or 3, you may be denied a checking account. Disclosure of such reasons for denial will be given to the applicant in writing upon request. M.S. 48.152, Subd. 3.

1. (a) Have you had a checking account at GMSB, or another financial institution within the immediate past 12 months? Yes or No _____

The name and address of that financial institution:

(b) Was the account in good standing? _____

2. (a) Have you had a previous checking account closed by a financial institution without your consent within the immediate past 12 months? Yes or No _____

If yes, the reason the account was closed.

(b) Have you had a previous account in good standing within the past 5 years that was voluntarily closed? _____

3. Have you been convicted of a criminal offense involving the use of a check within the past 24 months? Yes or No _____

4. Other Banks used? _____

I believe the above information to be true and correct to the best of my knowledge.

Applicant's Signature X _____ Co-Applicant X _____

Date of Application _____

References _____

Name and Address of a Family Member _____

FOR BANK USE ONLY

Early Warning _____ Date _____ Time _____

Record? Yes or No

DL# (or other ID) Confirmed for Applicant? Yes or No Co-Applicant? Yes or No

Other Remarks _____
