

## 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 \_\_\_\_\_

---