

**Gruver State Bank  
Personal New Account Application**

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: 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 information. The information you provide is protected by our privacy policy and federal law. We may ask to see your driver's license or other identifying documents. **Please have an unexpired Government Issued Photo ID & Social Security Number Available.**

**Primary Account Holder Information**

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<b>Full Legal Name</b>	<b>Physical Address</b>
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<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip + Four</b>
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<b>Years at this Address</b>	<b>If less than 5 years, previous address (Include PO Boxes)</b>
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<b>Date of Birth</b>	<b>Social Security#</b>	<b>Driver's License or ID #</b>	<b>Date of Expiration</b>	<b>State Issuer</b>
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<b>Home Phone #</b>	<b>Cell Phone #</b>	<b>Email Address</b>
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<b>Occupation</b>	<b>Years in this profession</b>	<b>Employer</b>
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<b>Employer Address</b>	<b>Employer Phone #</b>	<b>Years Employed</b>
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<b>Mothers Maiden Name</b>	<b>Name and Address of Someone in case of emergency</b>	<b>Relationship</b>	<b>Phone</b>
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**Secondary Account Holder Information**

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<b>Full Legal Name</b>	<b>Physical Address</b>
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<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip + Four</b>
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<b>Years at this Address</b>	<b>If less than 5 years, previous address (Include PO Boxes)</b>
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<b>Date of Birth</b>	<b>Social Security#</b>	<b>Driver's License or ID #</b>	<b>Date of Expiration</b>	<b>State Issuer</b>
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<b>Home Phone #</b>	<b>Cell Phone #</b>	<b>Email Address</b>
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<b>Occupation</b>	<b>Years in this profession</b>	<b>Employer</b>
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This application is a request to open an account and obtain services. By signing below, you certify that the information you are providing is accurate to the best of your knowledge and authorize Gruver State Bank to investigate your credit and employment history, including the use of reports obtained from consumer reporting agencies.

**Account Requested** (*Select all that apply*)

**Authorized Signatures**

- |   |         |
|---|---------|
| <input type="checkbox"/> Checking               | X _____ |
| <input type="checkbox"/> NOW Account            |         |
| <input type="checkbox"/> Money Market (Hi Fi)   | X _____ |
| <input type="checkbox"/> Savings                |         |
| <input type="checkbox"/> Certificate of Deposit | X _____ |
|   | X _____ |

**Services** (*Select all services of interest to you*)

- Check Writing
- GSB Check Card Device
- Direct Deposits (Payroll, Social Security, Etc.)
- Email/Electronic Statements  
    Online Services:  Statement/Balance Info.  Bill Payment  Transfers
- Mobile Banking Transfers
- Remote Deposit of Checks
- Automatic Transfers:**
  - Between accounts with us
  - Third Party Payments
  - Accounts at other financial institutions
- Safe Deposit Box

**Ownership of Funds**

Tell us how you intend the account to be owned. Ownership will not be established until documented on a separate account agreement.

**Beneficiary Designations**

If you intend to designate beneficiaries to receive any funds remaining after all the owners die, instead of funds passing to the owner's estate. (Beneficiary names, addresses, dates of birth, and taxpayer identification numbers may be specified in the formal designation on the account agreement).