



# GRINNELL STATE BANK

## NEW ACCOUNT APPLICATION

MEMBER FDIC

Type of Account Desired: (check any that apply)  BUSINESS ACCOUNT

- Free Business Checking     Business Checking     Commercial Analysis     Organization Basic
- Business N.O.W.     Business Money Market     Corporate Transaction Package     Savings
- Certificate of Deposit

Classification:  Corporation     Sole-Proprietorship     Partnership     LLC     Organization

Name(s) of Account Holders/Signers \_\_\_\_\_

Full Name of Business _____	TIN _____	Resolution Date _____
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Info Obtained:  Articles of Incorporation     Partnership Agreement     Proof of TIN     Secretary of State Record

1) \_\_\_\_\_

Full Name of Account Signer _____	Job Title _____	SSN/TIN _____	Birth date _____	MMN _____
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Form of I.D. Obtained _____	D.L/Military Number _____	2 <sup>nd</sup> Form of I.D. Obtained _____	<input type="checkbox"/> Chexsystems	<input type="checkbox"/> Ofac/PLC
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2) \_\_\_\_\_

Full Name of Account Signer _____	Job Title _____	SSN/TIN _____	Birth date _____	MMN _____
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Form of I.D. Obtained _____	D.L/Military Number _____	2 <sup>nd</sup> Form of I.D. Obtained _____	<input type="checkbox"/> Chexsystems	<input type="checkbox"/> Ofac/PLC
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E-mail addresses: 01) \_\_\_\_\_ 02) \_\_\_\_\_

Physical Address of Business \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Additional Contact Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

Challenge Question: Birth city? \_\_\_\_\_ or Favorite Color? \_\_\_\_\_

Do you know any bank employees personally? \_\_\_\_\_ If so who? \_\_\_\_\_

Types of services you may utilize?

- Wires:     Foreign or     Domestic     Direct Deposit
- ACH:     Foreign or     Domestic     Internet Banking

Business Customer:

Money Service Business    **OR**     Non-MSB

Money Service Business Registration Date: \_\_\_\_\_

- |  |  |
|--|--|
| Check Casher? <input type="checkbox"/> Yes <input type="checkbox"/> No                               | Convenience Store? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Money Orders? <input type="checkbox"/> Yes <input type="checkbox"/> No                               | Restaurant/Bar? <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| Lottery Sales? <input type="checkbox"/> Yes <input type="checkbox"/> No                              | Grocery Store? <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| Currency Exchanger? <input type="checkbox"/> Yes <input type="checkbox"/> No                         | Liquor Store? <input type="checkbox"/> Yes <input type="checkbox"/> No       |
| Money Transmitter? <input type="checkbox"/> Yes <input type="checkbox"/> No                          | Dealership? <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| Remote Deposit Capture? <input type="checkbox"/> Yes <input type="checkbox"/> No                     | Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| Credit Card Merchant Account? <input type="checkbox"/> Yes <input type="checkbox"/> No               | Accountant? <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| Do you currently or plan to have a website? <input type="checkbox"/> Yes <input type="checkbox"/> No | Real Estate Broker? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other: \_\_\_\_\_

If "delayed deposit service," currency exchanger or money transmitter, Division of Banking Licensing Date: \_\_\_\_\_

**Internet Gambling?**

Yes  No

Signature 1) \_\_\_\_\_ 2) \_\_\_\_\_

Bank Use: Port Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Statement Cycle \_\_\_\_\_ Combine/Do Not Combine - Mail/Pick Up - Port Officer \_\_\_\_\_

Business Checks Ordered : \_\_\_\_\_ Deposit Tickets \_\_\_\_\_ Stamp \_\_\_\_\_

Business Loan: yes/no    Loan Pymt Transfer amount \_\_\_\_\_ Frequency: \_\_\_\_\_ Date: \_\_\_\_\_

Previous Bank: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Notations: \_\_\_\_\_