

Account # _____

Please Provide Supporting Documentation
Regarding this Business

Gruver State Bank Business Account Application

Business Name _____

Type of Account (check applicable type)

Sole Proprietorship () Partnership () LLC () Corporation () for profit () not for profit ()

Other () Civic () or Club () () Trust

Please describe nature of the business: _____

Business Tax ID# _____ State & County of Organization _____

Physical Address _____

Mailing (if different) _____ City _____ State _____ Zip +4 _____

Day Phone _____ Evening Phone _____ E-mail Address _____

Authorized Party Information

Please provide Non-Expired Gov. Issued Photo ID

First Name _____ Middle Initial _____ Last Name _____

Social Security Number _____ Driver's License Number _____

Date of Birth _____ Mother's Maiden Name _____

Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ E-mail Address _____

SIGNATURE(S) - The undersigned agree(s) that all information is accurate. This business does not engage in internet gambling.

Signature of Authorized Party and Title

Date

Bank Use Only

Initial Deposit \$ _____ Source of Funds: _____ Date opened: _____

Opened By: _____ GSB Check Card Yes No Internet Banking Yes No E Sign: Yes No

Form of Identification: _____

EFUNDS Inquiry Yes No Security Questions Yes No Red Flags Checked Yes No OFAC Match Yes No

Observations: _____