

Applicant Information

Grandview Bank
Switch Kit- New Account information

Check Appropriate Box:

- New Customer Existing Customer as of _____
- Previous Customer w/no open accts

Name as It Appears on Driver's License: _____

Date of Birth: _____ Social Security Number: _____

Physical Address: _____

Mailing Address: _____

DL #: _____ Expiration Date: _____ State: _____

Home Phone Number: _____ Mobile Number: _____

Employer: _____ Work Number: _____

Occupation: _____

Email Address: _____

Joint Applicant Information

- New Customer Existing Customer as of _____
- Previous Customer w/no open accts

Name as It Appears on Driver's License: _____

Date of Birth: _____ Social Security Number: _____

Physical Address: _____

Mailing Address: _____

DL #: _____ Expiration Date: _____ State: _____

Home Phone Number: _____ Mobile Number: _____

Employer: _____ Work Number: _____

Occupation: _____

Email Address: _____

I am interested in the following accounts and products:

- Checking Savings CD IRA Safe Deposit Box Online Banking Account Access
- Debit/ATM Card

Please note that Primary and Joint Account Owners will need to sign an official account form in person at Grandview Bank before the account can be opened. For your own account security, we will also need to photocopy your driver's license(s), or other form of ID so we can have it on file to accurately identify you in the future. (The purpose of this questionnaire is to begin the application process. All applications are subject to approval.)



For Bank Use Only

Date: _____ Opened by: _____

Account Number: _____ Account Type: _____

Amount of Opening Deposit: _____ Source of Funds: Cash Check – Payor Bank: _____

Other _____

Previous Banking Relationship: _____

Comments: _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Verification of Photo ID | <input type="checkbox"/> EFunds – Qualifile | <input type="checkbox"/> CDD – Customer Due Diligence |
| <input type="checkbox"/> Verification of non-photo ID | <input type="checkbox"/> OFAC – Verification 2 | |
| <input type="checkbox"/> Verification of ID for Minor | <input type="checkbox"/> Deluxe Check Order | |
| <input type="checkbox"/> Verification of ID for a civic club or Org | <input type="checkbox"/> Debit Card/ATM Card | |
| <input type="checkbox"/> Risk Code – 10 (Individual) | <input type="checkbox"/> Proof of add/ID does not match | |

