

ACCOUNT INFORMATION FOR CENTRAL STATE BANK

109 W. MAIN ST., PO BOX 548, STATE CENTER, IA 50247 - 641-483-2505 FAX 641-483-2851

ACCOUNT TITLE & ADDRESS

NAME:

ADDRESS:

CITY, STATE, ZIP:

IMPORTANT ACCOUNT OPENING INFO:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

By signing this account information form, I give Central State Bank permission to make inquiries from any consumer reporting agency including a check protection service.

OWNERSHIP OF ACCOUNT

The specified ownership will remain the same for all accounts.

Individual Uniform Transfer/ Gift to Minors
 Individual w/ POD Act
 Joint w/Survivorship Estate
(not as tenants in common)
 Joint w/ NO Survivorship
(as tenants in common)
 Joint w/ Survivorship and POD
 Trust-Separate Agreement Dated: _____

U.S. citizen? YES NO

Why did you choose this bank? _____

What types of items do you expect to deposit to this account? (ex. Cash, checks, wires, direct deposit, etc) _____

How frequently will deposits be made? _____

What methods do you expect to use to remove funds from the account? (ex. checks, ATM, debit card, etc) _____

Average balance anticipated? _____

Describe initial deposit _____

OWNER/SIGNER INFORMATION 1

OWNER/SIGNER INFORMATION 3

*Name:

Owner/Signer, etc.:

*Physical Address:

*City, State, Zip:

*Phone: (home) (work)

(cell)

e-mail

*DOB

*SSN/TIN

*Driver's License No.:

State:

Issue Date:

Exp. Date:

Employer:

Address:

*Name:

Owner/Signer, etc.:

*Physical Address:

*City, State, Zip:

*Phone: (home) (work)

(cell)

e-mail

*DOB

*SSN/TIN

*Driver's License No.:

State:

Issue Date:

Exp. Date:

Employer:

Address:

OWNER/SIGNER INFORMATION 2

OWNER/SIGNER INFORMATION 4

*Name:

Owner/Signer, etc.:

*Physical Address:

*City, State, Zip:

*Phone: (home) (work)

(cell)

e-mail

*DOB

*SSN/TIN

*Driver's License No.:

State:

Issue Date:

Exp. Date:

Employer:

Address:

*Name:

Owner/Signer, etc.:

*Physical Address:

*City, State, Zip:

*Phone: (home) (work)

(cell)

e-mail

*DOB

*SSN/TIN

*Driver's License No.:

State:

Issue Date:

Exp. Date:

Employer:

Address:

Signature: _____

Signature: _____

This document is for information only and to be used solely for setting up an Account Agreement that will be processed at Central State Bank and returned to account owner for proper signatures.

*Denotes required field

Form completed by: _____