ROOT RIVER STATE BANK
18 3RD ST SE PO Box 517
CHATFIELD MN 55923 (507) 867-4120

ACCOUNT APPLICATION

INFORMATION ABOUT ME

FULL NAME	**SOCIAL SECRUITY NUMBER**	**DATE OF BIRTH**	**DRIVERS LICENSE OR OTHER I.D. NO.**
STREET ADDRESS			**HOME PHONE NO.** **WORK PHONE NO.**
CITY	**STATE**	**ZIP**	**YRS AT THIS ADDRESS**
PREVIOUS ADDRESS:	**STATE**	**ZIP**	**YRS AT THIS ADDRESS**
CURRENT EMPLOYER	**MY POSITION OR TITLE**		**SUPERVISOR'S NAME**
CURRENT EMPLOYER'S ADDRESS		**BUSINESS PHONE**	**HOW LONG WITH CURRENT EMPLOYER**
CITY	**STATE**	**ZIP**	

SECOND NAME (CO-APPLICANT)	**SOCIAL SECURITY NUMBER**	**DATE OF BIRTH**	**DRIVER'S LICENSE OR OTHER I.D. NO.**
ADDRESS IF DIFFERENT FROM ABOVE			**CURRENT EMPLOYER**
CITY	**STATE**	**ZIP**	**HOME PHONE NO.** **WORK PHONE NO.**

REFERENCE: NAME OF RELATIVE NOT LIVING WITH YOU	**ADDRESS**	**PHONE #**
REFERENCE: NON-RELATIVE	**ADDRESS**	**PHONE #**

In handling my account, please contact me at ___home ___ business **Send statements or other communications to my __home __business**

For Commercial Accounts: Do you engage in an Internet Gambling Business? _____Yes _____ No

FOR CHECKING ACCOUNTS BEING OPENED IN MINNESOTA:

Minnesota law requires that I provide the following information. I understand that if I make any false statements here or on the rest of this application, I may be guilty of perjury.

___ I have had a checking account in Minnesota for the 12 months immediately preceding this application at-

NAME OF MINNESOTA FINANCIAL INSTITUTION: _____

ADDRESS: _____

YOUR SIGNATURE:

__ During the 12 months immediately preceding this application my checking account at

_____
NAME OF FINANCIAL INSTITUTION

was closed without my consent. The account was closed for the following reasons: _____
_____

__ During the 24 months immediately preceding this application I was NOT convicted of any criminal offense as a result of using a check or similar instrument.

Everything I have stated in this application is correct to the best of my knowledge. I understand that I may be guilty of perjury if I made any material misstatements. I also understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions regarding your credit experience with me. If I am applying for a business account I understand that we have a current need to review your credit worthiness as an individual and I authorize you to check my credit and employment history. I also acknowledge you to verify creditworthiness of above business.

_____
APPLICANT'S SIGNATURE DATE

_____
CO-APPLICANT'S SIGNATURE DATE

ADDITIONAL INFORMATION - FOR BANK USE ONLY

PROCESSED BY: DATE: AFFILIATED CREDIT REPORT:

OFFICERS APPROVAL: CHEX SYSTEMS: