

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 SECURITY 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 <u>home</u> <u>business</u>		Send statements or other communications to my <u>home</u> <u>business</u>	
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. <input type="checkbox"/> 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: _____		<input type="checkbox"/> During the 12 months immediately preceding this application my checking account at _____ NAME OF FINIANCIAL INSTITUTION was closed without my consent. The account was closed for the following reasons: _____ _____ <input type="checkbox"/> 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:	OFAC CHECK:	