

Greystone Bank Account Application

Important Information about procedures for opening a new account

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 to you: When you open an account, we will ask you 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.

Current Customer?	
Do you currently have an account with Greystone Bank?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, under what name(s) are your accounts?	

Applicant Information	
Account Ownership (Select only one):	
Individual <input type="checkbox"/> Joint Applicant <input type="checkbox"/> Trust <input type="checkbox"/> P.O.D. <input type="checkbox"/> Business <input type="checkbox"/>	
Principal's Full Name:	
Home Street Address:	
City, State and Zip:	
Time at This Address:	_____ Years _____ Months
Home Phone:	Cell Phone: _____
Email Address	
Social Security Number:	
Birth Date (mm/dd/yyyy):	
Mother's Maiden Name:	
Driver's License Number:	
State:	Issue Date: Exp. Date:
Business Name or Employer	
Position:	
Business Phone:	
Street Address:	
City, State and Zip:	
Time With This Employer:	
If Business Account, T.I.N.:	
If P.O.D., Beneficiary Name:	

Important Security Information Needed for Your Protection

Choose ONE of the following questions and supply us with an answer. This will be required to retrieve any information about your account. (Limit answer to 16 characters)

High School Graduated From?	
First Pet's Name?	
City Born In?	
Favorite Number?	

Co - Applicant Information					
Full Name:					
Home Street Address:					
City, State and Zip:					
Time at This Address:		_____ Years	_____ Months		
Home Phone:		Cell Phone:			
Social Security Number:					
Birth Date (mm/dd/yyyy):					
Mother's Maiden Name:		Email Address:			
Driver's License Number:					
	State:		Issue Date:		Exp. Date:
Employment:					
Employer:					
Position:					
Business Phone:					
Street Address:					
City, State and Zip:					
Time With This Employer:					

Please select the type of account(s) to be opened from the choices below.

Money Market Account:	<input type="checkbox"/>	
MMA Initial Deposit:		(\$25,000 Minimum)

Certificate of Deposit						
CD Term:	6 Month	<input type="checkbox"/>	1 Year	<input type="checkbox"/>	1.5 Year	<input type="checkbox"/>
	2 Year	<input type="checkbox"/>	3 Year	<input type="checkbox"/>	4 Year	<input type="checkbox"/>
			5 Year	<input type="checkbox"/>		
CD Initial Deposit Amount:						(\$50,000 Minimum)
Interest Payment Option:	<input type="checkbox"/>	Capitalize Quarterly	<input type="checkbox"/>	Payment to MMA	<input type="checkbox"/>	Receive Quarterly Interest Check

I acknowledge receipt of and agree to the terms of the "Deposit Agreement". I understand that this is an application for an account with Greystone Bank. The application process may include an inquiry into my past banking relationships and a review of my credit history.

I certify that all of the applicant information completed above is true and accurately identifies me.

Signature:		Date:	
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Signature:		Date:	
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Submission Instructions
<p>Thank you for your application. Please return your completed and signed application by mail to the address above, or it can be faxed to the number at the top of the application. Your application can also be scanned in PDF format and emailed to CustomerSupport@greystonebank.com.</p>

