



Graham Savings

[Privacy Statement](#)

Equal Housing Lender Member FDIC

Checking or Savings Account Application

First Name:

Last Name:

Submitted on:

To open a Checking or Savings Account, please complete the information below.

Once submitted, a representative will contact you to follow up. Please note that you will be required to visit one of our locations to complete and sign the necessary documentation. Completing this online application in advance significantly expedites the process compared to initiating your account in person.

Personal Information Needed to Open an Account

Legal Name: (as it appears on DL or ID Card)

Preferred Name: (if different than legal name)

Social Security Number (SSN) or Individual Taxpayer
Identification Number (ITIN):

Are you a US Citizen? Yes or
No.

If Not a US Citizen, what is your
Country of Origin:

Date of Birth:

Birthplace:

Mother's Maiden Name:

DL or Government Issued ID#

State Issued by:

If possible, please upload your DL or
Government Issued ID

Please submit this information as an additional attachment.

Identity Verification Question (Create Your Own):

To help protect your identity, please create a custom security question and provide the answer. This will be used to verify your identity if standard information (like your date of birth or SSN) cannot be used. (Example Question: What is the name of my first pet?) (Example Answer: Max) (required)

Custom Security Question:

Your Answer:

Contact Information:

Primary Email Address: (required)

Physical Street Address (No PO Boxes): (required)	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
If your address is different than the address listed on your ID please provide address verification. <i>For example: City Water Bill with your name listed on your ID</i>	Please submit this information as an additional attachment.		
Mailing Address if different than physical address:	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
If your mailing address is different than your physical address, please provide address verification. <i>For example: A piece of mail with your mailing address and name listed on your ID</i>	Please submit this information as an additional attachment.		
Valid Phone Number:		Work Phone Number:	

Employment questions: Please be specific. If retired: From what? If self-employed or owner: What is your type of business? If unemployed: Please state so.			
Current or Former Employer:		Job Title/Position:	

The following questions are for informational purposes only and do not serve as permissions. Please provide your best estimate of how you will use the account on a regular basis. This information does not determine how your account is set-up.			
Will you deposit and write checks? Yes or No.	Will you be using mobile deposit or deposit checks? Yes or No.	Will you deposit or withdraw cash? Yes or No.	Will you be sending or receiving Wire Transfers?
_____	_____	_____	_____
Are you a frequent traveler? Yes or No.		Would you like a Safe Deposit box? Yes or No.	
Do you travel outside the US? Yes or No.		No.	
