

Tyndall | Chancellor | Heron Lake | Viborg | Jackson

Member FDIC | Equal Housing Lender

Privacy Policy

SSB - Switch Kit

First Name:	Last Name:							
Submitted on:								
Account Holders must reside in S Security Notice: ONLY fill ou latest version, download it no Instructions: 1. Complete this questionnaire 2. To safeguard your privacy memory when you quit your	South Dakota, Minr It this form on-lir ow. This form is and click "Subr y, QUIT your bro browser. he location of ou	ne if you are using a NOT cached (saved mit" or print and fax it was and restart it ag	gain after using this form. This food to sign a signature card. You	enhancements. If you nen you QUIT your br orm is NOT saved in	owser. your computer's			
The purpose of this questionnaire Please note that Primary and Joi	e is for us to gather nt account holders	r some information, so y will need to sign an offic notocopy your driver's lic	ou can begin the application process cial account form in person at one of cense(s), or other form of ID, so we can	our offices before the ac	count can be opened.			
		Indivi	dual Account					
(required)	Name	Street Address	City, State, Zip	Mail Address ((if different)			
(required)	Hon	ne Phone	Work Phone	E-mail Address				
		Joi	nt Account					
(required)	Name	Street Address	City, State, Zip	Mail Address (if different)				
(required)	Home Phone		Work Phone	E-mail Address				
Primary Account Holder Information								
(required)	Social Sec	curity Number	Driver's License Number	Expiration Date	Date of Birth			

(required)	Alternate Access	Code	Employer	Position					
Joint Account Holder Information									
(required)	Social Security Number	Driver's License Number	Expiration Date	Date of Birth					
(required)	Alternate Access Code		Employer	Position					
I would like to open	Personal Checking Business Checking Money Market Statement Savings CD IRA I/we would like an ATM/CheckCard I/we would like transfer capabilities at the ATM and online.								
Number of ATM/CheckCard Cards									