



At Grand Bank, we're making it simple for you to switch all your accounts and use us as your primary hometown financial institution. Print and complete these forms. Bring your Driver's License and completed forms to Grand Bank's office at 204 Westover Drive.

Each form will assist you in making the switch. Simply fill out the forms enclosed and mail them to the appropriate company. A check list is also included to assist you with closing your existing accounts.

New Account Application - Fill out the account application and bring it with your Driver's License to Grand Bank's office at 204 Westover Drive.

Employer's Direct Deposit Form - If your employer offers Direct Deposit, simply fill out the form and take it to your employer's payroll department.

Federal Payments Direct Deposit Contact Form - For Direct Deposit of Social Security and Federal payments, fill out the form and call the toll free number listed at the top of the form.

Automatic Transfer Form - If you have money automatically withdrawn from your checking account each month) for example mortgage, utility billing, insurance, etc.) fill out the form and mail to those companies.

Letter of Closure - This letter requests your previous financial institution to close your existing account and transfer funds to your new Grand Bank account. Fill out the form and mail it to your previous financial institution. Please refer to the check list before sending this letter.

Please feel free to photocopy these forms if you need more.



GRAND BANK

NEW ACCOUNT APPLICATION

_____ Date _____ Account Type and Number _____ Opening Amt _____ Ownership _____ Employee Initials _____

Source of Funds Check Cash Internal Transfer (Account # _____)

New Customer Existing Customer

Primary Applicant Information

_____ Name _____ Social Security _____ Date of Birth _____

U.S. Citizen Resident Alien Non-resident Alien

NOTE: PO Box holders must also furnish a physical address! APO and FPO addresses require a military ID.

_____ Street/mailling address _____ City, State, ZIP _____ Country of Concern yes no _____
How Long? _____ Home phone _____

Mailing Address (if different from above)

Previous Addresses (if less than 2yrs at current address)

Cellular Phone No. _____ E-Mail _____

_____ Driver's License number _____ Issuing Agency _____ Exp. date _____ Other ID presented (required if no DL) _____

_____ Employer _____ Business address _____ Business phone _____

_____ Nearest relative not living with you _____ Relative address _____ Relative phone _____

Second Applicant Information

_____ Name _____ Social Security _____ Date of Birth _____

_____ Street/mailling address _____ City, State, ZIP _____ Home phone _____

_____ Driver's License number _____ Exp. date _____ Other ID presented (required if no DL) _____

_____ Employer _____ Business address _____ Business phone _____

Third Applicant Information

_____ Name _____ Social Security _____ Date of Birth _____

_____ Street/mailling address _____ City, State, ZIP _____ Home phone _____

_____ Driver's License number _____ Exp. date _____ Other ID presented (required if no DL) _____

Check Order Information Check Style _____ Check Design _____ Starting No. _____

Name Address Phone Employment Drivers License No. Date of Birth

ATM/Debit Card No. of Cards _____ Card Type ATM Debit PAN No.(s) _____

Please Read and Sign Below. The information I have provided is correct to the best of my knowledge. I acknowledge receipt of the USA PATRIOT Act disclosure informing me of required identification information. I authorize the Bank to check credit, prior banking activity, employment history, and/or other information should it deem necessary to confirm my identity and evaluate my account status in compliance with the USA PATRIOT Act of 2001 laws and regulations.

I authorize Grand Bank to order a consumer report and understand the Bank's decision may be based in whole or in part on ChexSystems consumer report. The major negative influences on my ChexSystems score are named in the consumer report. I may obtain a copy (only for my personal use) from the consumer reporting agency if I believe any part of the consumer report is inaccurate. I may contact ChexSystems, Attn: Consumer Relations, 12005 Ford Road - Suite 600, Dallas, Texas 75234-7253; via fax at 972-241-4772; or by telephone at 1-800-428-9623.

By indicating above, I request the issuance and activation of an ATM card together with a Personal Identification Number (PIN). By executing, retaining or using the card, I agree to the terms and conditions of the ATM Card Agreement, as applicable. This application must be signed by all applicants requesting a card. A copy of the Agreement and Regulation E Disclosure has been given to me and copies are available at any Grand Bank office.

I understand that any ATM card issued to me is the property of Grand Bank and must be surrendered upon demand. I agree not to carry my personal identification number (PIN) with my card and that it is my responsibility to maintain the confidentiality of my PIN to prevent unauthorized use.

Primary Applicants Signature Date _____
Second Applicant's Signature Date _____
Third Applicant's Signature Date

Customer Identity Verification

Verified by _____ Date _____

Verification Sources (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Credit Bureau Credit Report | <input type="checkbox"/> Chexsystem Consumer Report |
| <input type="checkbox"/> Online Source _____ | <input type="checkbox"/> Online Source _____ |
| <input type="checkbox"/> Confirmation by telephone | <input type="checkbox"/> Confirmation by USPS |
| <input type="checkbox"/> Confirmation by E-Mail | |
| <input type="checkbox"/> Other _____ | |

Issues of Concern _____

Account Closed (if applicable)

Closed by _____ Date _____

Applicant Notified by (Check all that apply) In Person USPS Internet Other _____

Note: Attach copy of Customer Notification (if applicable)

For Bank Use Only

Branch _____ Application Received by _____ Date _____

Application Received In Person USPS Internet Other _____

Application Approved by _____ Date _____



Company Direct Deposit Form

Employee Name _____ Social Security Number _____

I authorize _____ to automatically deposit my net wage payment each pay period to my:

Checking Account

Savings Account

Routing Number: 2653-7106-6

Employee Signature _____ Date _____

Complete this form and submit it to your employer's payroll clerk. The clerk may have other forms for you to complete. This form is intended to be an easy way to remember the account numbers you will need to start direct deposit.



Federal Payments Direct Deposit Form

Call Social Security at **1-800-772-1213 TOLL FREE.**

You will need:

Grand Bank's Routing Number: 2653-7106-6

Your new Grand Bank account numbers:

<input type="checkbox"/> Checking Account	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Savings Account	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do not close your old account until your payment begins to arrive in your new account.



Automatic Transfer Form

Name _____ Customer's Account Number _____

I have a new account number and ask that you make a note of it for my next automatic payment withdrawal.
I authorize _____ to make automatic withdrawals, as per original agreement, from the following account number.

Checking Account

Routing Number: 2653-7106-6

Signature _____ Date _____

*Verify with company if voided check or deposit slip is needed.



Automatic Transfer Form

To Whom It May Concern:

Please accept this letter as authorization to close my account with your institution. Please forward all remaining funds on deposit to:

**Grand Bank
PO Box 16988
Hattiesburg, MS 39404-6988
Attn: Tellers**

Please advise Grand Bank to deposit funds to my account:

Account Number

You assistance in this matter is greatly appreciated.
Sincerely,

Print Name _____ Social Security Number _____

Signature _____ Date _____



Account Closure Check List

Before closing your existing account, review the check list and make sure the following have been completed.

- All checks have cleared existing account.
- All automatic withdrawals and deposits have been switched to your Grand Bank account.
- Destroy remaining checks, ATM and debit cards.

That's it! You have successfully switched your account to Grand Bank. Now you can start taking full advantage of all the benefits of hometown banking. If we can assist you with future loans or savings, please feel free to give us a call!