



APPLICATION INSTRUCTIONS

To complete the application, follow these steps:

1. Fill in all the blanks on the application – all fields are clickable.
2. Print and return completed application to any location within the Fishback Family of Banks.
Do not email completed applications as we cannot guarantee the privacy and security of your email.

SOUTH DAKOTA BRANCHES

BROOKINGS, SD

DOWNTOWN

520 6th Street
Phone: 605.696.BANK

EAST BANK

2220 6th Street
Phone: 605.696.BANK

HY-VEE

790 22nd Avenue South
Phone: 605.696.BANK

WALMART

2233 6th Street
Phone: 605.696.BANK

CANTON, SD

402 East 5th Street
Phone: 605.764.7797

GARRETSON, SD

644 North Main Avenue
Phone: 605.594.3423

MADISON, SD

120 North Egan Avenue
Phone: 605.256.9191

MILBANK, SD

215 West 4th Avenue
Phone: 605.432.5111

SIOUX FALLS, SD

57th & I-229

2300 West 57th Street
Phone: 605.782.8000

DAWLEY FARMS

500 South Highline Place
Phone: 605.978.3030

DOWNTOWN

110 North Minnesota Avenue
Phone: 605.978.9300

STOCKHOLM, SD

102 South Main Street
Phone: 605.676.2321

TORONTO, SD

445 Main Avenue
Phone: 605.794.4811

VERMILLION, SD

20 East Main Street
Phone: 605.624.2608

WATERTOWN, SD

1120 9th Avenue Southeast
Phone: 605.882.8320

WHITE, SD

301 West Main Street
Phone: 605.629.2471

MINNESOTA BRANCHES

CAMBRIDGE, MN

234 East First Avenue
Phone: 763.689.1212

EAST BETHEL, MN

21420 Aberdeen Street
Phone: 763.434.4462

EDINA, MN

3316 West 66th Street,
Suite 100
Phone: 952.831.8253

NEW PRAGUE, MN

1101 First Street Southeast
Phone: 952.758.4491

PIPESTONE, MN

101 Northwest 2nd Street
Phone: 507.825.3344

PRINCETON, MN

209 South Rum River Drive
Phone: 763.389.4350

ROSEVILLE, MN

1909 Highway 36 West
Phone: 651.291.5777



HSA/IRA - CONSUMER DEPOSIT ACCOUNT INFORMATION

Date _____ Bank _____ Officer _____

Account # _____ Insurance Coverage _____ Family _____ Self _____

PRIMARY OWNER

Legal Name _____

First Middle Initial Last

Physical Address _____

City / State / Zip _____

Mailing Address _____

City / State / Zip _____

ID Type: ☐ Driver's Lic. ☐ Gov't ID ☐ Passport ☐ VISA

☐ Other _____ ID # _____ Where Issued _____

Issue Date ____/____/____ Exp. Date ____/____/____

☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien

CIF _____

Taxpayer ID # or Social Security # _____

Date of Birth _____

Home Phone # (_____) _____

Cell # (_____) _____

Work # (_____) _____

Email Address _____

Employer's Name _____

Deposit Amount _____ ☐ Cash ☐ Check

Deposit Source _____

Opening Method: ☐ In Person ☐ By Mail/Fax

☐ Non-Documentary Verification _____

Address Discrepancy Verification _____

☐ Authentication Cross Check

Additional Info _____

☐ OFAC _____

☐ Chex Systems SSN State _____ SSN Year _____

AML/CIP Risk Rating: ☐ High* ☐ Medium ☐ Low

* Requires additional form of documentary verification to be collected and noted below.

AUTHORIZED SIGNER

Legal Name _____

First Middle Initial Last

Physical Address _____

City / State / Zip _____

Mailing Address _____

City / State / Zip _____

Email Address _____

☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien

Existing CIF? ☐ CIF # _____

Taxpayer ID # or Social Security # _____

Date of Birth _____

Home Phone # (_____) _____

Cell # (_____) _____

Work # (_____) _____

OFAC # _____

BENEFICIARY

Percentage: _____ % ☐ Primary ☐ Contingent

Last Name _____ First Name _____ Middle Initial _____

SSN _____ Relationship _____

BENEFICIARY

Percentage: _____ % ☐ Primary ☐ Contingent

Last Name _____ First Name _____ Middle Initial _____

SSN _____ Relationship _____

BENEFICIARY

Percentage: _____ % ☐ Primary ☐ Contingent

Last Name _____ First Name _____ Middle Initial _____

SSN _____ Relationship _____

HSA/IRA TO HSA/IRA TRANSFER

Bank Name _____ Account # _____

Additional pages may be added as needed to list all Beneficiaries

