



APPLICATION INSTRUCTIONS

To complete the application, follow these steps:

1. Fill in all the blanks on the applications – 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.

BROOKINGS

DOWNTOWN

520 6th Street
Brookings, SD 57006
Phone: 605.696.BANK Fax: 605.696.2104

EAST BANK

2220 6th Street
Brookings, SD 57006
Phone: 605.696.BANK Fax: 605.696.2290

HYVEE

790 22nd Avenue South
Brookings, SD 57006
Phone: 605.696.2356 Fax: 605.696.2337

WALMART SUPERCENTER

2233 6th Street
Brookings, SD 57006
Phone: 605.696.2139 Fax: 605.696.2174

VERMILLION

20 East Main Street
Vermillion, SD 57069
Phone: 605.624.2608 Fax: 605.624.8200

GARRETSON

644 North Main Avenue
Garretson, SD 57030
Phone: 605.594.3423 Fax: 605.594.3424

SIOUX FALLS

DOWNTOWN

110 North Minnesota Avenue
Sioux Falls, SD 57104
Phone: 605.978.9300 Fax: 605.978.1147

57TH & I-229

2300 West 57th Street
Sioux Falls, SD 57108
Phone: 605.782.8000 Fax: 605.335.2233

CANTON

402 East 5th Street
Canton, SD 57013
Phone: 605.987.2781 Fax: 605.987.2784

MADISON

120 North Egan Avenue
Madison, SD 57042
Phone: 605.256.9191 Fax: 605.256.4182

WATERTOWN

1120 9th Avenue Southeast
Watertown, SD 57201
Phone: 605.882.8320 Fax: 605.882.4598

PIPESTONE

101 Northwest 2nd Street
Pipestone, MN 56164
Phone: 507.825.3344 Fax: 507.825.5490

MILBANK

215 West 4th Avenue
Milbank, SD 57252
Phone: 605.432.5111 Fax: 605.432.9335

STOCKHOLM

102 South Main Street
Stockholm, SD 57264
Phone: 605.676.2321 Fax: 605.676.2330

TORONTO

445 Main Avenue
Toronto, SD 57268
Phone: 605.794.4811 Fax: 605.794.4991

WHITE

301 West Main Street
White, SD 57276
Phone: 605.629.2471 Fax: 605.629.6681



CONSUMER DEPOSIT ACCOUNT INFORMATION

Date _____ Bank _____ Officer _____
Account # _____ CIF (Primary) _____ CIF (Joint) _____

PRIMARY OWNER

Legal Name _____ Taxpayer ID # or Social Security # _____
First Middle Initial Last
Physical Address _____ Date of Birth _____
City / State / Zip _____ Home Phone # (_____) _____
Mailing Address _____ Cell # (_____) _____
City / State / Zip _____ Work # (_____) _____
ID Type: Driver's Lic. Gov't ID Passport VISA
 Other _____ ID # _____ Where Issued _____ Email Address _____
Issue Date ____/____/____ Exp. Date ____/____/____ Employer's Name _____
 U.S. Citizen Resident Alien Non-Resident Alien Deposit Amount _____ Cash Check
Deposit Source _____

Opening Method: In Person By Mail/Fax
 Non-Documentary Verification _____
Address Discrepancy Verification _____
 Authentication Cross Check
Additional Info _____
Choose 1 of the following that best represents the customer's primary reason for opening this new account:
 Existing Relationship Promotional Materials Referred by Banker Referred by Family/Friend
 Website Direct Mail/Email Marketing Social Networking Site Radio
 Television Newspaper Billboard
 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.

JOINT OWNER

Legal Name _____ Taxpayer ID # or Social Security # _____
First Middle Initial Last
Physical Address _____ Date of Birth _____
City / State / Zip _____ Home Phone # (_____) _____
Mailing Address _____ Cell # (_____) _____
City / State / Zip _____ Work # (_____) _____
ID Type: Driver's Lic. Gov't ID Passport VISA
 Other _____ ID # _____ Where Issued _____ Email Address _____
Issue Date ____/____/____ Exp. Date ____/____/____ Employer's Name _____
 U.S. Citizen Resident Alien Non-Resident Alien

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.

ADDITIONAL INFORMATION

Would you like a beneficiary on your account? Yes No
If yes, please list name and address _____

OTHER SERVICES

ATM/Debit Sweep Combined Statement Online Banking
 Direct Deposit Bill Pay E-Statement

CONSUMER DEPOSIT ACCOUNT INFORMATION

Date _____ Bank _____ Officer _____

“Consumer Authorized Signer” is an individual authorized to transact on an account. This includes a deputy on a safe deposit box, guardian, representative payee, or conservator.

“Power of Attorney” is an individual authorized to transact on an account held for the benefit of another and only under the circumstances outlined in a valid Power of Attorney or Court Order.

Any Authorized Signer or Power of Attorney permitted to transact on this account must be listed here and must sign the signature card.

ACCOUNT INFORMATION

Account # _____ Account Name _____

SIGNER #1

Source of Personal Information: Consumer Authorized Signer (S) Power of Attorney (Y)

Last Name _____ First Name _____ Middle Initial _____

SSN _____ Date of Birth _____ Existing CIF? CIF # _____

U.S. Citizen Resident Alien Non-Resident Alien Email Address (optional) _____

Signer's Physical Home Address _____ City / State / Zip _____

Signer's Mailing Home Address _____ City / State / Zip _____

Home Phone # (____) _____ Cell # (____) _____ Work # (____) _____

Employer _____ OFAC Result _____

SIGNER #2

Source of Personal Information: Consumer Authorized Signer (S) Power of Attorney (Y)

Last Name _____ First Name _____ Middle Initial _____

SSN _____ Date of Birth _____ Existing CIF? CIF # _____

U.S. Citizen Resident Alien Non-Resident Alien Email Address (optional) _____

Signer's Physical Home Address _____ City / State / Zip _____

Signer's Mailing Home Address _____ City / State / Zip _____

Home Phone # (____) _____ Cell # (____) _____ Work # (____) _____

Employer _____ OFAC Result _____

SIGNER #3

Source of Personal Information: Consumer Authorized Signer (S) Power of Attorney (Y)

Last Name _____ First Name _____ Middle Initial _____

SSN _____ Date of Birth _____ Existing CIF? CIF # _____

U.S. Citizen Resident Alien Non-Resident Alien Email Address (optional) _____

Signer's Physical Home Address _____ City / State / Zip _____

Signer's Mailing Home Address _____ City / State / Zip _____

Home Phone # (____) _____ Cell # (____) _____ Work # (____) _____

Employer _____ OFAC Result _____

Additional pages may be added as needed to list all Authorized Signers.

