GREAT PLAINS STATE BANK



Date: _____

Consumer Information Sheet

Primary Account Owner

Please provide copies o	f the following:			1	
☐ Drivers License	-				
☐ Utility Bill for pr	oof of address (if differ	ent than Drivers Lice	nse)		
First Name:		MI:	Last	Name:	
Social Security Num	ber/ITIN:				
Home Address: (if different than Driver's	s License)	City:		State:	Zip Code:
Mailing Address:		City:		State:	Zip Code:
Best Phone Number	:	□Work □	Cell □Hor	ne	
Email Address:			_		
Employer:			Positio	on:	
Security Question:	ırity Question: Answer:				
Joint Primary Acc	Julit Owner			7	
Please provide copies o ☐ Drivers License ☐ Utility Bill for pro	oof of address (if differ	ent than Drivers Lice	nse)		
First Name:		MI:	Last	Name:	
Social Security Num	ber/ITIN:				
(if different than Driver's	s License)	, and the second			Zip Code:
Mailing Address:		City:		State:	Zip Code:
Best Phone Number	:	□Work □	Cell □Hor	ne	
Email Address:			_		
mployer:			Positic	on:	
Security Question: Answer:				er:	
How Did You Hea 	r About Us?				
l'm Interested In:					
Checking	Debit Card	Savings _			Loan
_	Online Banking		larket		Mortgage Referral
	de Phone Number? e or Duplicate		IRA H	SA	