



Personal Account Application*

Classic *Guaranty* Checking Statement Savings Combined Monthly Statements
Automatic Transfer Service Visa® Check Card
GOLD-*Guaranty On Line Delivery* w/Bill Payment Other _____

Individual Account

NAME OF PRIMARY ACCOUNT HOLDER
HOME PHONE NUMBER
MAILING ADDRESS
PHYSICAL ADDRESS (IF DIFF'T FROM ABOVE)
CITY, STATE, ZIP
PREVIOUS ADDRESS (IF LESS THAN 6 MOS.)

Primary Account Holder Info:

SOCIAL SECURITY NUMBER	
DATE OF BIRTH	
DRIVER'S LICENSE #	STATE OF ISSUE
ISSUE DATE	EXPIRATION DATE
EMPLOYER	
WORK PHONE NUMBER	
OCCUPATION	

Joint Account

NAME OF JOINT ACCOUNT HOLDER
HOME PHONE NUMBER
MAILING ADDRESS
PHYSICAL ADDRESS (IF DIFF'T FROM ABOVE)
CITY, STATE, ZIP
PREVIOUS ADDRESS (IF LESS THAN 6 MOS.)

Joint Account Holder Info:

SOCIAL SECURITY NUMBER	
DATE OF BIRTH	
DRIVER'S LICENSE #	STATE OF ISSUE
ISSUE DATE	EXPIRATION DATE
EMPLOYER	
WORK PHONE NUMBER	
OCCUPATION	

Once completed, bring this form to an office of Woodsville Guaranty Savings Bank or mail to the address below, ATTN: Deposit Operations. We will prepare all necessary paperwork and contact you to visit the bank to complete the process.

**In accordance with the USA Patriot Act, federal law requires all customers to appear in person to enable us to obtain and verify information that identifies each person prior to account opening.*

Branch #

Bank Rep.
Initials