



## Personal Account Application\*

- GO Checking    Classic *Guaranty* Checking    Golden Guaranty Checking  
 GO Savings    Statement Savings    All Purpose Club    Visa® Debit Card

### Individual Account

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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:

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SOCIAL SECURITY NUMBER

---

DATE OF BIRTH

---

DRIVER'S LICENSE #                      STATE OF ISSUE

---

ISSUE DATE                                  EXPIRATION DATE

---

EMPLOYER

---

WORK PHONE NUMBER

---

OCCUPATION

### Joint Account

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NAME OF JOINT ACCOUNT HOLDER

---

HOME PHONE NUMBER

---

MAILING ADDRESS

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PHYSICAL ADDRESS (IF DIFF'T FROM ABOVE)

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CITY, STATE, ZIP

---

PREVIOUS ADDRESS (IF LESS THAN 6 MOS.)

### Joint Account Holder Info:

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SOCIAL SECURITY NUMBER

---

DATE OF BIRTH

---

DRIVER'S LICENSE #                      STATE OF ISSUE

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ISSUE DATE                                  EXPIRATION DATE

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EMPLOYER

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WORK PHONE NUMBER

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OCCUPATION

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

*\*Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In most cases, we will also ask to see your driver's license or other identifying documents before opening an account.*

\_\_\_\_\_  
Branch #

\_\_\_\_\_  
Bank Rep. Initials