



Grand Valley Bank
Express Deposit Account Application

Account Type Selected= Free Senior Checking		Do you also want a Savings Account?	
Are you an existing Grand Valley Bank deposit or loan customer?		Yes	No
PERSONAL INFORMATION for Primary Applicant			
First Name:			
Middle Name:			
Last Name:			
Suffix:			
Gender:		Date of Birth:	
Mother's Maiden Name:			
Social Security Number:			
Profession/Job Title:			
CONTACT INFORMATION			
Home Phone:			
Cell Phone:			
Work Phone:		Ext:	
Email:			
IDENTIFICATION			
ID Card:			
ID Card Number:			
ID State:			
ID Date Issued:		ID Expiration Date:	
EMPLOYMENT			
Employment Status:		Employer:	
Employment Duration:		yr(s)	mo(s)
CURRENT PHYSICAL ADDRESS			
Street Address			
No PO Box allowed must include full street address including unit # enter city, zip & state below			
City			
Zip			
State <i>Residents of Colorado & Utah in specified Counties may apply *</i>			
Occupancy Status			
How long have you lived there?		Yr(s)	Mo(s)
MAILING ADDRESS		Is Mailing Address same as Current Address?	
		Yes	No (if no enter below)

*if you live outside of either the listed States/Counties and wish to open an account please call 1-877-859-6040 or email new accounts using the secure portal at grandvalleybank.com.



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APPLICANT QUESTIONS & INFORMATION	
Online Banking is included with this account.	Read the Disclosures
I have read and agree to the Grand Valley Bank Nettleter Internet & Mobile Banking Agreement	
Do you want a Debit Card?	Do you want to apply for Over Draft Protection ¹ ?
<ul style="list-style-type: none"> Backup Withholding Certification. The TIN/SSN number I have provided is my correct taxpayer identification number. Agree: Backup/Withholding Certification: I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. Important information About Procedures for Opening a New Account: To help the government fight the funding of terrorism and money laundering activities Federal law requires all institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. Acknowledge: You agree to complete Grand Valley Bank's Anticipated Account Activity form prior to account opening. Acknowledge: We reserve the right to obtain a consumer credit report as part of verifying your identity as presented in this document. Acknowledge: 	

¹ Over Draft Protection (ODP) is a pre approved personal line of credit that transfer to pay debit items presented that ^{your} account balance does not cover. You will receive an ODP Agreement (Note) if your credit is approved.

Do you want a beneficiary on this account²?

If you answered "yes", please complete this section:

Beneficiary Name:	Relationship:	Percent Share:	%
Beneficiary Name:	Relationship:	Percent Share:	%
Beneficiary Name:	Relationship:	Percent Share:	%
Beneficiary Name:	Relationship:	Percent Share:	%

² In the event of your death and the death of all joint owners, the designated individual(s) will receive the funds in this account.

I certify that the information provided here is true and correct and that I am at least eighteen years of age. I authorize Grand Valley Bank to verify any information included in this application.

To include a Joint Applicant and complete information for both parties-click "yes" below to go to Joint Applicant page.

JOINT APPLICATION ? [yes](#) [no](#)



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Save the completed application to your computer and submit it via our secure email portal at: <https://web1.zixmail.net/s/login?b=grandvalleybank> . You will need to register prior to composing your message. Once logged into the portal, choose the Compose tab. Select New Accounts from the "To:" pull-down menu, then type "application" in the subject line. There is an "Attach File" button to include your application and a photo or scanned copy (must be legible) of the current identification document (specified in the application) for each applicant. Alternatively, you can print the completed form and mail or deliver it to your local branch along with a copy of your identification.

Once your account application is received, you will be notified by secure email. We will contact you via secure email to verify information submitted or with any questions. Upon approval of your application, we will send a confirmation email. A new account packet will be sent to the physical address specified in your application. The packet will include account disclosures for the account type you selected, along with your signature card. Mail the signed signature card in the supplied return envelope. We will notify you by email when your signature card is received. The final step in the account opening process is making your initial deposit either by mail, coming to a branch in person, GVB mobile remote deposit, or transferring funds from another account to your new Grand Valley Bank account.

We must confirm receipt of the deposit within two weeks after we receive your signature card or your account will be closed. When your deposit is credited and available you can begin enjoying all the benefits of your new Grand Valley Bank account.

Grand Valley Bank Branch Locations

925 N 7th St, Grand Junction, CO 81501
970.241.4400

570 25 Rd, Grand Junction, CO 81501
970.241.9100

452 S Maple, Fruita, CO 81521
970.858.7555

106 Main St, Collbran, CO 81624
970.487.0202

2 South Main St, Heber City, UT 84032
435.654.7400

92 West Main, Midway, UT 84049
435.654.7000

121 West Main St, Vernal, UT 84078
435.781.1001

1225 Deer Valley Drive, Park City, UT 84060
435.615.2265

Toll Free 1.877.859.6040

www.grandvalleybank.com



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Joint Applicant Information Page		
Are you an existing Grand Valley Bank deposit or loan customer?	Yes	No
PERSONAL INFORMATION		
First Name:		
Middle Name:		
Last Name:		
Suffix:		
Gender:	Date of Birth:	
Mother's Maiden Name:		
Social Security Number:		
Profession/Job Title:		
CONTACT INFORMATION		
Home Phone:		
Cell Phone:		
Work Phone:	Ext:	
Email:		
IDENTIFICATION		
ID Card:		
ID Card Number:		
ID State:		
ID Date Issued:	ID Expiration Date:	
EMPLOYMENT		
Employment Status:	Employer:	
Employment Duration:	yr(s)	mo(s)
CURRENT PHYSICAL ADDRESS <i>Joint Applicant: Complete the information below only if it is different than primary applicant's</i>		
Street Address		
No PO Box allowed must include full street address including unit # enter city, zip & state below		
City		
Zip		
State	<i>Residents of Colorado & Utah in specified Counties may apply *</i>	
Occupancy Status		
How long have you lived there?	Yr(s)	Mo(s)
MAILING ADDRESS Is Mailing Address same as Current Address?	Yes	No (if no enter below)

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