

NEW ACCOUNT SET UP SHEET



Grand Bank

16660 Dallas Parkway, Suite 1700
Dallas, Texas 75248

Lobby: (972) 735-1000 Fax: (972) 735-1005

Grand Bank

6044 Sherry Lane
Dallas, Texas 75225

Lobby: (972) 588-3000 Fax: (972) 588-3030

Date: _____

Existing Customer

New Customer

Name: _____

Mailing Address: _____

Physical Address: _____

| <i>For Business Account Only</i> | |
|----------------------------------|---|
| General Partner: | _____ |
| Tax ID #: | _____ |
| Nature of Business: | _____ |
| Facsimile Signature: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

A copy of formation documents and authorization papers are required. (e.g.: Articles of Incorporation, Partnership Agreement, Regulations, etc.)

Individual
 Partnership
 Joint
 Corporation
 Trust
 Sole Proprietorship
 LLC
 LLP

Number of Signatures Required:
 One
 Two
 Other: _____

SIGNERS:

| | | |
|---------------------|-------------------------|------------------------|
| Name: _____ | Home Phone #: _____ | Employer: _____ |
| Title: _____ | Business Phone #: _____ | Date of Birth: _____ |
| Home Address: _____ | Direct Work #: _____ | Texas DL #: _____ |
| SS #: _____ | Fax #: _____ | Issue Date: _____ |
| | Cell Phone #: _____ | Expiration Date: _____ |
| | | Email Address: _____ |

SIGNERS:

| | | |
|---------------------|-------------------------|------------------------|
| Name: _____ | Home Phone #: _____ | Employer: _____ |
| Title: _____ | Business Phone #: _____ | Date of Birth: _____ |
| Home Address: _____ | Direct Work #: _____ | Texas DL #: _____ |
| SS #: _____ | Fax #: _____ | Issue Date: _____ |
| | Cell Phone #: _____ | Expiration Date: _____ |
| | | Email Address: _____ |

For Bank Use:

| | | |
|------------------------|---|--|
| Account #: _____ | Census Tract: _____ | NAICS: _____ |
| Account Type: _____ | Opened By: _____ | ChexSystems: _____ |
| Account Officer: _____ | <input type="checkbox"/> Cash | <input type="checkbox"/> Debit Card |
| Initial Deposit: _____ | <input type="checkbox"/> Check | <input type="checkbox"/> Safe Deposit |
| Debit Card #: _____ | <input type="checkbox"/> Remote Capture | <input type="checkbox"/> On - Line Banking |
| | | <input type="checkbox"/> eStatements |

| | |
|--------------------------|------------------------------|
| Check Information: _____ | New Account Letter: _____ |
| Deposit Slips: _____ | Relate To: _____ |
| Endorsement Stamp: _____ | Pending Documentation: _____ |
| Conf. # & Total: _____ | Other Information: _____ |
| Other Information: _____ | Other Information: _____ |



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ADDITIONAL SIGNERS

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SIGNERS:

Name: Home Phone #: Employer: Title: Business Phone #: Date of Birth: Address: Direct Work #: Texas DL #: SS # Fax #: Issue Date: Cell Phone # Expiration Date: Email Address:

SIGNERS:

Name: Home Phone #: Employer: Title: Business Phone #: Date of Birth: Address: Direct Work #: Texas DL #: SS # Fax #: Issue Date: Cell Phone # Expiration Date: Email Address:

SIGNERS:

Name: Home Phone #: Employer: Title: Business Phone #: Date of Birth: Address: Direct Work #: Texas DL #: SS # Fax #: Issue Date: Cell Phone # Expiration Date: Email Address:

SIGNERS:

Name: Home Phone #: Employer: Title: Business Phone #: Date of Birth: Address: Direct Work #: Texas DL #: SS # Fax #: Issue Date: Cell Phone # Expiration Date: Email Address: