SERVICE/RISK PROFILE

DDA ACCT	SAV ACCT	ACCT TYPE _			ACCT #
First Name		Middle			Last
Preferred Name	(<u>IF Different</u>)			E-ma	ail
Physical Address	s (No P.O. BOX)				
					Zip Code
Mailing Address	(<u>IF Different</u>)				
					Work
Driver's License# Exp Date/ Issue Date/ Employer Length of employment					
Employer's Address					
I authorize Greenfield Banking Company to run a credit report for the purpose of applying for a new account. Signature: Date:					
Signature.					
Are you a Mone	ey Service Busin Dealer	ess: (Do you engage Seller/Redeen Seller/Redeer	e in any of the ner of Money (se act Orders	tivities?)
What services do you expect to use frequently?					
Checking Debit Card	s nation	Safe Deposit Box	Constru	ıction	
Source of depos Types of withdra Wire Activity: Debit Card usag	its: cash _ awals: cas Domestic e: Domesti	•	H Wire ACH Wire	2	
Customer Signa	ture:				Date:
Employee Signa	ture:				Date: