GCF BANK

TYPE OF ACCOUNT:

☐ CyberSaver ☐ CyberSaver Supreme

☐ CyberSaver Gold

☐ CyberCDARS Term: _____

☑ New Account

Effective Date:

Initial Deposit: $

Name 1 Mother's Maiden Name:

Name 1 Driver's License No.:

Name 1 Employer:

Name 1 Business Phone:

Name 2 Mother's Maiden Name:

Name 2 Driver's License No.:

Name 2 Employer:

Name 2 Business Phone:

ACCOUNT NUMBER:

OWNERSHIP:

◯ Individual ◯ Joint

TITLE OF ACCOUNT

Name 1:

Name 2:

Street Address:

City, State, Zip:

Home Telephone No.:

TAXPAYER I.D. NUMBER

NAME 1 SS#:

NAME 2 SS#:

NAME 1 DOB:

NAME 2 DOB:

By signing this document, I (we) have opened the type of account designated above and acknowledge receipt of the rules and regulations governing the account, and agree to be bound to them.

X_____

Applicant Signature

X_____

Co-applicant Signature

UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).

X _____ _____

Signature Date

MAIL COMPLETED FORM TO:

GCF Bank
Attn: Electronic Banking Department
381 Egg Harbor Rd.
Sewell, NJ 08080