



304 S. Main Street  
PO Box 400  
Gifford, IL 61847

Tel: (217) 568-7311  
Fax: (217) 568-7607  
www.giffordbank.com  
info@giffordbank.com

## Internet Banking Application:

First Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_ SSN / TIN#: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please select your main banking location:  Gifford  St. Joseph  Thomasboro

Please list the accounts you would like to access via Internet Banking (you must be on the signature card for each account listed):

Checking: \_\_\_\_\_  
Savings: \_\_\_\_\_  
CD's: \_\_\_\_\_  
Loans: \_\_\_\_\_

I agree that The Gifford State Bank may, from time to time, contact me by the above provided email address regarding my accounts or business with them and to alert me to new services that they may offer. I agree that I have read and agree to the terms in the Internet Banking Services Agreement located online at:

<https://onlinebanking.giffordbank.com/Pages/Agreements.html>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Official Use Only:

Account Verification: \_\_\_\_\_ User Name and Password \_\_\_\_\_ Date: \_\_\_\_\_