



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 Potomac

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/Images/BankImages/IBAgreement.pdf>

Signature: _____ Date: _____

For Official Use Only:

Account Verification: _____ User Name and Password _____ Date: _____