



APPLICATION INSTRUCTIONS

To complete the application, follow these steps:

1. Fill in all the blanks on the applications – all fields are clickable.
2. Print and return completed application to any location within the Fishback Family of Banks.
Do not email completed applications as we cannot guarantee the privacy and security of your email.

BROOKINGS

DOWNTOWN

520 6th Street
Brookings, SD 57006

Phone: 605.696.BANK Fax: 605.696.2104

EAST BANK

2220 6th Street
Brookings, SD 57006

Phone: 605.696.BANK Fax: 605.696.2290

HYVEE

790 22nd Avenue South
Brookings, SD 57006

Phone: 605.696.2356 Fax: 605.696.2337

WALMART SUPERCENTER

2233 6th Street
Brookings, SD 57006

Phone: 605.696.2139 Fax: 605.696.2174

VERMILLION

20 East Main Street
Vermillion, SD 57069

Phone: 605.624.2608 Fax: 605.624.8200

GARRETSON

644 North Main Avenue
Garretson, SD 57030

Phone: 605.594.3423 Fax: 605.594.3424

SIOUX FALLS

DOWNTOWN

110 North Minnesota Avenue
Sioux Falls, SD 57104

Phone: 605.978.9300 Fax: 605.978.1147

57TH & I-229

2300 West 57th Street
Sioux Falls, SD 57108

Phone: 605.782.8000 Fax: 605.335.2233

CANTON

402 East 5th Street
Canton, SD 57013

Phone: 605.987.2781 Fax: 605.987.2784

MADISON

120 North Egan Avenue
Madison, SD 57042

Phone: 605.256.9191 Fax: 605.256.4182

WATERTOWN

1120 9th Avenue Southeast
Watertown, SD 57201

Phone: 605.882.8320 Fax: 605.882.4598

PIPESTONE

101 Northwest 2nd Street
Pipestone, MN 56164

Phone: 507.825.3344 Fax: 507.825.5490

MILBANK

215 West 4th Avenue
Milbank, SD 57252

Phone: 605.432.5111 Fax: 605.432.9335

STOCKHOLM

102 South Main Street
Stockholm, SD 57264

Phone: 605.676.2321 Fax: 605.676.2330

TORONTO

445 Main Avenue
Toronto, SD 57268

Phone: 605.794.4811 Fax: 605.794.4991

WHITE

301 West Main Street
White, SD 57276

Phone: 605.629.2471 Fax: 605.629.6681



First Class Club Application



Name _____ Home Phone # (_____) _____
Address _____ Business Phone # (_____) _____
City / State / Zip _____ Checking Account # _____
Social Security # or TIN _____ Date of Birth _____
E-mail Address _____ Debit Card(s) Yes No

EMERGENCY INFORMATION

Contact Name _____ Home Phone # (_____) _____
Address _____ Business Phone # (_____) _____
City / State / Zip _____

I (we) will hold First Bank & Trust harmless from and against any claims, physical or monetary, that arise due to accidents and/or delays occurring during Bank-sponsored travel events.

Signature _____ Date _____
Signature _____ Date _____

FIRST CLASS CLUB REQUIREMENTS

Age 55+ and currently have, or be willing to open, a checking account with First Bank & Trust.
Maintain a \$10,000 balance in certificates of deposit, or maintain \$1,000 combined balance in checking and/or savings accounts.
For each month you do not meet one of the two minimum balance requirements listed above, your First Class Club Checking Account will be billed a \$10 service charge.

CLUB BENEFITS

Travel Programs
Free ATM Transactions*
Special Rates on Interest Checking
Free Personalized Checks
Free Club Newsletter
Photocopies (first 20 free)
Seminars on Issues Important to You
No Service Fee on Traveler's Checks
No Service Fee on Cashier's Checks
Free Phone Banking
Free Online Banking
Free Electronic Bill Payment
\$3 Annual Discount on Safe Deposit Box Rent (first box)

* The owner of the ATM may charge a fee.

FOR BANK USE ONLY

New Customer Existing Customer

ROUTE TO:

Bookkeeping Coordinator

