

DEPOSIT ACCOUNT APPLICATION

Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. The information you provide is protected by our privacy policy and federal law.

Ownership of Account _____

Owner/Signer #1 _____

Address: _____

Phone: _____

Email: _____

Birth Date: _____

SSN/TIN _____

Photo ID _____

Owner/Signer #2 _____

Address: _____

Phone: _____

Email: _____

Birth Date: _____

SSN/TIN _____

Photo ID _____

Non-Individual Owner Information:

Name: _____

EIN: _____

Phone: _____

E-mail: _____

Type of Entity: _____

State & Date of Organization: _____

Type of Business: _____

Address: _____

Authorization/Resolution date _____

SIGNATURE(S)

The undersigned authorize North Adams State Bank to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals.

Date

Name

Date

Name

Date

Name

Date

Name