



The Bath State Bank

OPEN A BATH STATE BANK ACCOUNT

Thank you for choosing Bath State Bank. Please help us meet your needs by taking a few moments to complete the following information.

Name: _____ Social Security Number _____

Date of Birth (mm/dd/yyyy) _____

Drivers License Number _____ State _____ Exp. Date _____

Street Address (required) _____ PO Box _____

City _____ State _____ Zip _____ Rent _____ Own _____

Years at Current Residence (Note: If less than 1 year, please provide previous address.) _____

Previous Address _____

Home Phone (Area Code) _____ Cell Phone/Pager (Area Code) _____

Work Phone _____ Email Address _____

Place of Employment Position _____

Employer's Address _____

Name of someone who'll always know how to reach you _____

Address _____ Phone Number _____

The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals.

Signature _____ Date _____

Signature _____ Date _____

If this is a joint account, please provide the following information for the additional account holder.

Name Social Security Number _____

Date of Birth (mm/dd/yyyy) _____

Drivers License Number _____ State _____ Exp. Date _____

Street Address (required) _____ PO Box _____

City _____ State _____ Zip _____ Rent _____ Own _____

Years at Current Residence (Note: If less than 1 year, please provide previous address.) _____

Previous Address _____

Home Phone (A.C) _____ Cell Phone/Pager (A.C) _____

Work Phone _____ Email Address _____

Place of Employment Position _____

Employer's Address _____