

FARMERS & MERCHANTS BANK
CONSUMER ACCOUNT APPLICATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Type of Account

- Checking
- Savings
- Other
- Certificate of Deposit
- Safety Deposit Box

Product Ownership

- Single Ownership
- Joint (Right of Survivorship)
- Joint (No Right of Survivorship)
- Payable on Death
- Other

Purpose of account _____

How will account be used (i.e., pay bills, general household expenses, savings, hobbies, etc.)? _____

How will account be accessed (i.e., checks, regular withdrawals, debit card, ATM card, Internet, etc.)? _____

Reason for banking with us _____

SECTION A – INFORMATION REGARDING APPLICANT

Full Name _____ Age _____ Birth date _____
Last First M/I

Driver's License No. _____ Date of Issuance _____ Date of Expiration _____ State Issued _____

State ID Card No. _____ Date of Issuance _____ Date of Expiration _____ State Issued _____

Other ID (Military ID, Tribal ID, Etc.) _____

Social Security No. _____ How Long at Current Address? _____ Mother's Maiden Name _____

Present Address _____
Street City State Zip Code

Previous Address (if at current address less than 5 years):
Street City State Zip Code

Present Employer _____ Occupation _____

Home Phone No. _____ Work Phone No. _____ Cell Phone No. _____

SECTION B – INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY

Full Name _____ Age _____ Birth date _____
Last First M/I

Driver's License No. _____ Date of Issuance _____ Date of Expiration _____ State Issued _____

State ID Card No. _____ Date of Issuance _____ Date of Expiration _____ State Issued _____

Other ID (Military ID, Tribal ID, Etc.) _____

Social Security No. _____ How Long at Current Address?: _____ Mother's Maiden Name _____

Present Address _____
Street City State Zip Code

Previous Address (if at current address less than 5 years):
Street City State Zip Code

Present Employer _____ Occupation _____

Home Phone No. _____ Work Phone No. _____ Cell Phone No. _____

I authorize you to request and obtain one or more credit reports about me from one or more credit reporting agencies for the purposes of considering my application for the Account, reviewing or collecting any Account opened for me, or for any other legitimate business purpose. I authorize you to disclose information about my account to a credit reporting agency if my Account was closed because I have abused it.

Signature _____ Date _____ Signature _____ Date _____

Bank Use Only

Customer Code _____ Customer Code _____