



**TOWN & COUNTRY BANK  
MIDWEST**

**NEW ACCOUNT APPLICATION**

DUE TO FEDERAL REGULATIONS, WE ARE REQUIRED TO HAVE ON FILE VERIFICATION OF EACH CUSTOMER'S IDENTIFICATION. A VALID PICTURE ID MUST BE PROVIDED BY EACH CUSTOMER OR SIGNER LISTING A CURRENT ADDRESS. IF ADDRESS IS NOT CURRENT, ADDITIONAL DOCUMENTATION IS NEEDED.

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

IDENTIFICATION # \_\_\_\_\_ ISSUED BY \_\_\_\_\_ TYPE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PREVIOUS STATE[S] OF RESIDENCE PAST 5 YEARS \_\_\_\_\_

**ACCOUNT TYPE REQUESTED:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Free Checking         | <input type="checkbox"/> Savings Account      | <input type="checkbox"/> Certificate of Deposit |
| <input type="checkbox"/> Regular Checking      | <input type="checkbox"/> Christmas Club       | <input type="checkbox"/> IRA                    |
| <input type="checkbox"/> NOW Checking          | <input type="checkbox"/> Money Market         | <input type="checkbox"/> Safe Deposit Box       |
| <input type="checkbox"/> Senior Checking [62+] | <input type="checkbox"/> Money Market Special | <input type="checkbox"/> Estate Account         |

**ADDITIONAL PRODUCTS/SERVICES:** [additional paperwork required]

- |   |   |
|---|---|
| <input type="checkbox"/> INTERNET BANKING | <input type="checkbox"/> DEBIT CARD [requires a checking account] |
| <input type="checkbox"/> MOBILE DEPOSIT   | <input type="checkbox"/> CHECK ORDER                              |
| <input type="checkbox"/> BILL PAY         | <input type="checkbox"/> DEPOSIT SLIPS                            |

PLEASE NOTE THAT BY SIGNING THIS APPLICATION, YOU GIVE CONSENT FOR TOWN & COUNTRY BANK MIDWEST TO CONTACT CHEXSYSTEMS REGARDING ANY PRIOR BANKING RELATIONSHIPS YOU MAY HAVE HAD AND TO PERFORM AN ID VERIFICATION BASED ON THE INFORMATION YOU HAVE PROVIDED TO US.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**AUTHORIZATION FOR THE SOCIAL SECURITY ADMINISTRATION TO DISCLOSE YOUR SOCIAL SECURITY NUMBER VERIFICATION:**

*I authorize the Social Security Administration [SSA] to verify and disclose to Town & Country Bank Midwest through Fidelity National Information Services [FIS] for the purpose of opening an account whether the name, Social Security Number [SSN] and date of birth I have submitted matches information in SSA records. My consent is for a one-time validation within the next 90 days.*

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_