



NEW PERSONAL ACCOUNT INFORMATION SHEET

1. Please select the account(s) you would like to open with First FarmBank:

Freedom Checking Forever Checking
 CD (specify term): _____ Green Money Market Green Savings

2. Would you like to have any beneficiaries on your account? If not, skip to step three.

Beneficiary Name: _____ Relationship to Acct. Holder: _____

Beneficiary Name: _____ Relationship to Acct. Holder: _____

Note: you may have more than two beneficiaries on your account(s).

3. Account Owner Information:

Name: _____ Tax Identification Number: _____

Physical Address: _____

Mailing Address (if applicable): _____

Date of Birth: ___/___/___ Mother's Maiden Name: _____

Employer: _____ Occupation: _____

Phone: _____ Email: _____

Debit Card Requested? Yes No

Account Owner Information:

Name: _____ Tax Identification Number: _____

Physical Address: _____

Mailing Address (if applicable): _____

Date of Birth: ___/___/___ Mother's Maiden Name: _____

Employer: _____ Occupation: _____

Phone: _____ Email: _____

Debit Card Requested? Yes No

5. Additional products/services requested:

Online Banking Checks: _____
(Single/Duplicate) *(Starting #)*

Please provide a copy of a government issued ID for each account owner.

