

Farmers State Bank

of Madelia

Deposit Account Customer Information Form

Please print and complete this form. Mail to:
Customer Service Manager, Farmers State Bank, PO Box 188, Madelia, MN 56062
We will contact you with further information. Thank you!

Date _____

Name _____ SS# _____

Drivers License No. _____ Birthdate _____

Second Name _____ SS# _____

Drivers License No. _____ Birthdate _____

Address _____

City, State, Zip _____

Telephone _____ E-Mail _____

Type of Account _____ Checking _____ Money Market Savings _____ Savings

Previous Bank Name _____

Address _____

City, State, Zip _____

Accounts Held There _____ Checking _____ Savings _____ Loans

Employer Name _____

Address _____

City, State, Zip _____

I/we certify that the information supplied on this form is true. I/we authorize the Bank to verify the information and to obtain a copy of my/our current credit report.

Signed _____ *Signed* _____

