



Basic Savings Accounts at Merchants Bank

Courtesy Corporation Employee Information

1. Customer Name (first) _____ (MI) ____ (last) _____

2. Physical Address: _____

City: _____ State _____ Zip _____

3. Mailing Address (If different from physical): _____

City: _____ State _____ Zip _____

4. Social Security Number: _____

5. Primary phone number: (____) _____

Secondary phone number: (____) _____

6. Date of birth: (MM/DD/YYYY) _____

7. Government Issued ID Number: _____

• Issue date: _____ Expiration date: _____

• State: _____

Please list above and provide a photo copy

8. E-mail address: (this is the e-mail you want to use for internet banking):

9. Preferred Internet Banking Username (at least 6 numbers and/or letter):

10. Beneficiary Information (Not Required):

• Name: _____

• Social Security Number: _____

• Relationship to owner: _____

• Date of birth: (MM/DD/YYYY) _____

• Address: _____

City: _____ State _____ Zip _____

IMPORTANT INFORMATION ABOUT OPENING AN 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.

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 ask to see your driver's license or other identifying documents.

The above information is provided to _____ (business name)
to establish a Basic Savings Account with Merchants Bank. I certify that the information
provided is true and accurate.

Employee: _____ Date _____

I _____ (Human Resource Representative) certify that I have
verified the above employee's identity through a government Issued ID/DL and have confirmed
this is their actual signature.

Employer _____ Date _____