

THE FIRST STATE BANK OF FOUNTAIN
101 MAIN ST PO Box 83
FOUNTAIN MN 55935 (507) 268-4321

ACCOUNT APPLICATION

INFORMATION ABOUT ME

FULL NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	DRIVERS LICENSE OR OTHER I.D. NO.
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STREET ADDRESS	HOME PHONE NO.
	WORK PHONE NO.

CITY	STATE	ZIP	YRS AT THIS ADDRESS
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PREVIOUS ADDRESS:	STATE	ZIP	YRS AT THIS ADDRESS
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CURRENT EMPLOYER	MY POSITION OR TITLE	SUPERVISOR'S NAME
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CURRENT EMPLOYER'S ADDRESS	BUSINESS PHONE	HOW LONG WITH CURRENT EMPLOYER
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CITY	STATE	ZIP	
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SECOND NAME (CO-APPLICANT)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	DRIVER'S LICENSE OR OTHER I.D. NO.
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ADDRESS IF DIFFERENT FROM ABOVE	CURRENT EMPLOYER
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CITY	STATE	ZIP	HOME PHONE NO.
			WORK PHONE NO.

REFERENCE: NAME OF RELATIVE NOT LIVING WITH YOU	ADDRESS	PHONE #
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REFERENCE: NON-RELATIVE	ADDRESS	PHONE #
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In handling my account, please contact me at home business Send statements or other communications to my home business

FOR CHECKING ACCOUNTS BEING OPENED IN MINNESOTA:

Minnesota law requires that I provide the following information. I understand that if I make any false statements here or on the rest of this application, I may be guilty of perjury.

 I have had a checking account in Minnesota for the 12 months immediately preceding this application at-
 NAME OF MINNESOTA FINANCIAL INSTITUTION: _____

ADDRESS: _____

YOUR SIGNATURE: _____

 During the 12 months immediately preceding this application my checking account at

 NAME OF FINANCIAL INSTITUTION
 was closed without my consent. The account was closed for the following reasons: _____

 During the 24 months immediately preceding this application I was NOT convicted of any criminal offense as a result of using a check or similar instrument.

Everything I have stated in this application is correct to the best of my knowledge. I understand that I may be guilty of perjury if I made any material misstatements. I also understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions regarding your credit experience with me. If I am applying for a business account I understand that we have a current need to review your credit worthiness as an individual and I authorize you to check my credit and employment history. I also acknowledge you to verify creditworthiness of above business.

 APPLICANT'S SIGNATURE DATE

 CO-APPLICANT'S SIGNATURE DATE

ADDITIONAL INFORMATION - FOR BANK USE ONLY

PROCESSED BY:	DATE:	AFFILIATED CREDIT REPORT:
OFFICERS APPROVAL:		CHEX SYSTEMS: