

**Blissfield State Bank**  
**204 East Jefferson Street**  
**Blissfield MI 49228**

**Royal Saver Account #** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Important Account Opening Information:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Bank Use Only
Account Title & Address

**Student's Full Legal Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Please note: P.O. Box holder must provide residence address as well as mailing address)

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**1<sup>st</sup> Contact Telephone** (\_\_\_\_) \_\_\_\_\_ **Student Grade** \_\_\_\_\_

**2<sup>nd</sup> Contact Telephone** (\_\_\_\_) \_\_\_\_\_

**Birth date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security #** \_\_\_\_\_

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**Parent/Guardian Full Legal Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Please note: P.O. Box holder must provide residence address as well as mailing address)

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Birth date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security #** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**State of Issue** \_\_\_\_\_ **Occupation/Employer** \_\_\_\_\_

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**Parent/Guardian Full Legal Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Please note: P.O. Box holder must provide residence address as well as mailing address)

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Birth date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security #** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**State of Issue** \_\_\_\_\_ **Occupation/Employer** \_\_\_\_\_

Please complete and sign here giving your child permission to be photographed and/ or placed on our website

I, \_\_\_\_\_ give permission for \_\_\_\_\_ to be photographed and/ or placed on our website.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Backup Withholding Certification

*(If not a "U.S. Person," certify foreign status separately)*

- By signing signature field (1) on this document, I certify under penalties of perjury that the statements made in this section are true and that I am a U.S. citizen or other U.S. person (as defined in the instructions).
- Taxpayer I.D. Number (TIN)** – \_\_\_\_\_  
The number shown above is my correct taxpayer identification number.
- Backup Withholding** – I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the internal Revenue Service has notified me that I am no longer subject to backup withholding.
- Exempt Recipients** – I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) \_\_\_\_\_

**FATCA Code.** The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

### Signatures

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owners(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- |   |  |
|---|--|
| <input type="radio"/> Terms and Conditions      | <input type="radio"/> Privacy            |
| <input type="radio"/> Electronic Funds Transfer | <input type="radio"/> Truth in Savings   |
| <input type="radio"/> Substitute checks         | <input type="radio"/> Funds Availability |
| <input type="radio"/> Common Features           | <input type="radio"/> _____              |

X  
(Student Signature)

X  
(Parent/Guardian Signature)

X  
(Parent/Guardian Signature)

**Number of signatures required for withdrawal: 2**