

NEW SIGNER INFORMATION SHEET

POST NO. _____

POST PHONE NO. _____

SIGNER'S LEGAL NAME _____

SIGNER'S TITLE AT THEIR POST/ORGANIZATION _____

PERSONAL ADDRESS (PLEASE NO POST OFFICE BOX): _____

SSN: _____

DATE OF BIRTH _____

MOTHER'S MAIDEN NAME _____

IDENTIFICATION: (DRIVER'S LICENSE/STATE ID – PHOTOCOPY NOT REQUIRED):

NUMBER _____ STATE _____

ID ISSUE DATE _____ ID EXPIRATION DATE _____

PERSONAL EMAIL: _____

HOME OR CELL PHONE NO. _____

NAME OF INDIVIDUAL BEING REMOVED FROM ACCOUNT _____

IF YOU WANT ONLINE BANK, CHECK THE BOXES BELOW TO OBTAIN A USERNAME AND PASSWORD – THE BANK WILL SEND YOU THE INFORMATION YOU NEED TO OBTAIN A USERNAME AND PASSWORD

REQUEST A USERNAME _____

REQUEST PASSWORD _____

PLEASE NOTE: THE BANK PROVIDES THE USERNAME AND PASSWORD INFORMATION WHEN THE ACCOUNT IS OPENED OR WHEN A NEW SIGNER IS ADDED TO THE ACCOUNT.

HAVING A USERNAME AND PASSWORD ALLOWS YOU TO REVIEW THE CHARITY ACCOUNT, PRINT STATEMENTS, AND LOOK AT ACCOUNT BALANCES.