

Important Information about Procedures for Opening a New 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. What this means for you: 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 also ask to see your driver's license or other identifying documents.

NEW ACCOUNT APPLICATION

(Please print, complete and mail/fax the enrollment form to the address below)

Return To The Previous Page

APPLICANT	
NAME: _____	
Are you a current customer of the Forest Park National Bank & Trust co.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, How did you hear about the Bank? _____	
Current Address: _____	
Home Phone#: _____	Business Phone #: _____ Fax# _____
Mobile Phone/Pager: _____	If Business account, business address: _____
Social Security Number: _____ - _____ - _____	Email Address: _____
Birth Date: _____	Student: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, expected graduation date: _____
Occupation: _____	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Own/Rent: Own <input type="checkbox"/> Rent <input type="checkbox"/>	Employer: _____
Driver's License# _____	Mother's Maiden Name: _____
Co-Applicant: _____	
Current Address: _____	
Home Phone#: _____	Business Phone # : _____ Fax# _____
Mobile Phone/Pager: _____	If Business account, business address: _____
Social Security Number: _____ - _____ - _____	Email Address: _____
Birth Date: _____	Student: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, expected graduation date: _____
Occupation: _____	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Own/Rent: Own <input type="checkbox"/> Rent <input type="checkbox"/>	Employer: _____
Driver's License# _____	Mother's Maiden Name: _____
Account Type: Business <input type="checkbox"/> Personal <input type="checkbox"/> If Business, please provide Name and Type of Business: _____	
Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Each signer's Title (President, Owner, Etc.): _____	
Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> ATM Card/Debit Card <input type="checkbox"/> CD <input type="checkbox"/> IRA <input type="checkbox"/>	
AUTHORIZATION AND AGREEMENT	
By signing this application, I (we) authorize the Forest Park National Bank & Trust Company to obtain information regarding my credit worthiness, credit history, or deposit account history from any outside source that regularly provides such information. I (we) understand that information from such a report may be used by the Forest Park National Bank & Trust Company in making a decision regarding my account application.	
Signatures	
Applicant _____ Date _____ Co-Applicant _____ Date _____	
Forest Park National Bank and Trust Company 7348 West Madison Street Forest Park, IL 60130-1553 Fax# 708-771-8131 MEMBER FDIC	