

MID AMERICA BANK
**Account Information Request Form And
Customer Identification Program (CIP)**

Applicant:

Name _____
Address _____
City, State, Zip _____
SSN _____ Phone (H) _____ (W) _____
Driver License # _____ State Issued _____
Date of Birth _____

Joint Applicants: (See separate form for more information)

Name: _____
Name: _____
Name: _____

Beneficiaries:

Name: _____ SSN: _____ DOB _____
Name: _____ SSN: _____ DOB _____
Name: _____ SSN: _____ DOB _____

Authorized Signers:

Name: _____
Name: _____
Name: _____

Type of Account You Would Like to Open Today:

Checking Now Checking SuperNow Checking
 Savings Money Market Account Certificate of Deposit
 Traditional IRA Roth IRA Loan
 ATM Card Debit Card Safe Deposit Box

The signatures shown below verify the person(s) who will be listed as the owner(s) of the account(s) being opened.

Our financial institution verifies all account applicants with chexsystems. Upon verification of your application and a picture ID we will process the account.

Customer's Signature

Some account types may require additional information prior to opening.

Copy of drivers license below.