



FOWLER STATE BANK
Deposit Account Application

I wish to establish a _____(Checking/Savings) account with Fowler State Bank.

Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____

Home Phone _____ Business Phone _____

Occupation _____ E-mail Address _____

Citizen of USA _____ Yes _____ No

Please return this application along with two forms of Identification. A copy of your valid driver's license and a copy of your social security card would suffice.

Mail to: Fowler State Bank
 Attn: Deposit Department
 PO Box 511
 Fowler IN 47944-0511

This application does not guarantee that Fowler State Bank will open your account. However, should Fowler State Bank choose to open the account on your behalf you will receive by mail the Account Contract Agreement, Signature Card, Debit Card Application and all applicable disclosures within five (5) days of receipt of your application.

Should you have any questions please feel free to contact the Deposit Department at 800-439-3951.

Signature _____ Date _____

No one other than a Fowler State Bank employee is authorized to establish your account or process your information.