

FARMERS AND MERCHANTS BANK

Account Owner/Signer Information

First Name _____ **MI** ____ **Last Name** _____

Street Address _____

City _____ **State** _____ **Zip + 4** _____ - _____

Mailing Address _____

City _____ **State** _____ **Zip + 4** _____ - _____

Social Security # _____ - _____ - _____ **Date of Birth** _____

Home Phone # _____ **Work Phone #** _____ **Fax #** _____

Cellular # _____ **E-mail (optional)** _____

Driver's License Number: _____ **Issuing State** _____ **Exp Date** _____
Issue Date _____