

STUDENT BANKING ENROLLMENT FORM

NEW STUDENT BANKING PARTICIPANTS

Please complete **Part A** and **Part B** if enrolling your child in the Student Banking Program for the **first** time. Please sign all highlighted areas on front and back.

RETURNING STUDENT BANKING PARTICIPANTS

You do **NOT** need to complete this form if your child has a Student Banking account, unless you need to update your child's address. Please complete **Part C** of this form, located on the reverse side. Please contact our Student Banking Department at 800-322-8233 if you have any questions.

Part A. Enrollment Authorization:

I give permission for my child, _____, to participate in the Savings Makes \$ense Student Banking Program, sponsored by Country Bank.

School:	Grade:
Parent/Legal Guardian* Signature:	Parent/Legal Guardian* Printed Name:
Email address:	

***If you are a legal guardian, please include a copy of your guardianship papers.**

Part B. Account Information: Please check one of the following options:

My child will use his/her existing savings account at Country Bank.

Account Number: _____

Open a new account for my child. All of your **child's** information is required. Please print legibly.

Child's Primary Address:	Child's Social Security Number:
	Child's Date of Birth:
Child's Mailing Address (if different):	Child's Mother's Maiden Name:
	Child's Phone Number:

If you are an existing Country Bank customer and would like to be added to your child's account as a non-tax owner, please fill in the information below. All new accounts are verified through ChexSystems.

If you are not an existing Country Bank customer, you can provide a notarized copy of your identifying documentation or visit one of our branch locations with the proper forms of identification (listed on the back of this form).

Name:	Social Security Number:
Date of Birth:	Phone Number:
Email address:	

Mass. Gen. Laws. Ch. 167D§ 3 allows both state and federally chartered banks to maintain deposits in the name of a minor, and to pay all or part of the money in the account directly to the minor, to either parent, or to the minor's legal representative.

DO NOT RETURN TO SCHOOL

Please return this form to Country Bank, 75 Main St, Ware, MA 01082, in the enclosed envelope.

In completing this enrollment form, you agree to accept the terms and conditions in the account disclosures that have been provided to you as part of the account opening and enrollment process.

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.

Certification of Taxpayer identification Number (W-9) Under penalties of perjury, I certify that: _____ Parent/Legal Guardian Signature	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and	
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien).	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.	

RETURNING STUDENT BANKING PARTICIPANTS

Part C. Update Contact Information: Please complete this information if you need to update your child's address and phone number. To change the address of a joint owner, please contact us at 800-322-8233 or visit your nearest branch location.

Child's Name:	
Primary Address:	Mailing Address (if different):
Phone Number:	
Student Banking Account Number:	
Parent/Legal Guardian Signature:	

Identification required for parent/guardian: One primary & one secondary form of identification

Primary forms

- Driver's License or ID Card
- Passport
- Permanent Resident Card (Green Card)
- Firearms Permit
- Police, Civil Service, Military Identification
- US Visa

Secondary forms

- Credit Card with picture & signature
- Employee ID with picture & signature
- Health Care/Insurance Card (with name & member #)
- Current Utility Bill (showing current address)
- Birth Certificate or Marriage Certificate
- EBT Card (MA Residents only)
- Current Pay Stub
- Vehicle Registration
- ITIN Card (non-US person)

Internal Use Only:

Account Title:	Account Number:
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