

CUSTOMER INFORMATION SHEET

(all information is required)

Student

Custodian

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

PHONE # _____ PHONE # _____

S.S. # _____ S.S. # _____

D.O.B. _____ D.O.B. _____

D.L.# _____

Issue Date: _____ Exp. Date: _____

MOTHER'S MAIDEN _____

Relationship to child _____

I agree to allow my child to participate in the Bank At School program and open an account with Riverside Bank. The minimum opening deposit is \$1.00 (enclosed).

Custodial Signature _____

Date _____

****Please return this form to school with your opening deposit.****

Should you have any questions regarding this bank program, please feel free to contact Carol Franzo, Roberta Head, or Bonnie Plybon at 708-447-3222.

*****INTERNAL USE ONLY*****

Signature Card _____ Passbook _____ TLR _____ ENT _____