



Merchants and Planters Bank Consumer Worksheet

Instructions: Please fill out a form for each owner and signer that will be on the account. Once you complete the form in its entirety, please save it and send it to us using one of the secure methods listed on [this page](#). A Customer Service Representative will contact you shortly. Additional documentation and identification may be required.

PERSONAL INFORMATION	
Full Legal Name _____	SSN _____
Date of Birth _____	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO If no, a passport required.
Driver's License # _____	State _____ Issued _____ Expires _____
Physical Street Address _____	City _____ State _____ Zip _____
Mailing Address _____	City _____ State _____ Zip _____
Primary Phone _____	Cell Phone _____ Other Phone _____
Fraud Contact Number _____	E-mail Address _____
Employer & Occupation _____	How Long? _____ Work Phone _____
Account Beneficiary (POD) _____	Mother's Maiden Name _____
ACCOUNT INFORMATION	
Account Type _____	Initial Deposit Amt. _____ Source of Initial Deposit _____
ACCOUNT ADD-ONS	
<u>VISA® Debit or Shazam® ATM</u>	
Do you want a VISA® Debit Card or Shazam® ATM Card with your new account? <input type="checkbox"/> YES <input type="checkbox"/> NO	
By checking "YES" and signing below, I agree to Merchants and Planters Bank's Debit Card Holder Agreement and request that Merchants and Planters Bank Check Card(s) be issued on my/our account.	
CARD IMAGE _____	
<u>NetTeller Services – Online Banking</u>	
Do you want access to NetTeller Services – Online Banking? <input type="checkbox"/> YES <input type="checkbox"/> NO	
By checking "YES" and signing below, I am applying for NetTeller Services provided by Merchants and Planters Bank. I have viewed/will view the Online Banking Agreement and Disclosure. I agree to all terms and conditions as presented in the Online Banking Agreement and Disclosure and understand my rights and responsibilities.	
<u>Account Restrictions</u> Complete this section <u>ONLY</u> if you want restrictions on your account.	
<input type="checkbox"/> View Only* _____ (initials) <input type="checkbox"/> Transfer In Only* _____ (initials) <input type="checkbox"/> Transfer Out Only* _____ (initials)	
* Certain account types may automatically be restricted at the Bank's discretion. Only check <u>ONE</u> box.	
<u>Additional Services</u>	
Free Bill Pay – Access FREE Bill Pay through your NetTeller Online Banking account after logging in.	
<input type="checkbox"/> Online Stop Payments** (Stop payment fees will apply.)	
**Stop Payment requests submitted online are valid for 14 days. You must sign and submit request in writing for Stop Payments to remain in effect past 14 days.	
APPLICANT SIGNATURE _____	DATE _____
PARENT/GUARDIAN SIGNATURE _____	DATE _____
(Signature required if applicant is under 18 years old.)	

Please visit [this page](#) to learn how to send us this document securely.