

APPLICATION FOR T.A.B.S.
Tri-County Account Banking System

APPLICANT

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____
Soc. Security # _____
Date of Birth _____
Email Address _____

CO-APPLICANT

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____
Soc. Security # _____
Date of Birth _____
Email Address _____

SIGNATURES :

By signing below, the undersigned request(s) the described services and agree to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

Applicant's Signature _____
Date _____
Co-Applicant's Signature _____
Date _____

Mail or Deliver to:

TRI-COUNTY BANK & TRUST CO.
PO BOX 218
ROACHDALE, IN 46172

OFFICIAL USE ONLY

Date Received: _____
Approved? YES NO
Processed By: _____