

Co-Applicant Information

If Co-Applicant can't join you during your bank's visit, please bring this form with a photocopy of his/her valid Connecticut driver's license or a U.S. government-issued picture ID.

Co-Applicant

Name			
Address			
City			
Home Phone Number			
Work Phone Number			
Cell Phone Number			
E-Mail Address			
SSN	Date of Birth		
Employer			
Address			
City	State		Zip
Driver's License Number	State	Date Issued	Exp
☐ I am interested in a First County B	ank Debit Maste	rCard®	
Signature		Date	

In accordance with Section 326 of the USA PATRIOT Act signed October 26, 2001, First County Bank is required to review and document the documents used in identifying our new account customers and in identifying signatory individuals added to an existing or new account. In some cases, identification will be requested for those individuals banking with the Bank prior to the effective date of the customer identification requirements because original documentation was not obtained with the opening of the account, or the Bank is unable to form a reasonable belief that it knows the true identity of the existing customer. In all cases protection of our customer's identity and confidentiality is the Bank's pledge to you.

© 2014 First County Bank.

FIRST COUNTY BANK, 11 First County Bank, and the 11 logo are registered trademarks of First County Bank.

