

3 section: problem solving

Forms to complete these activities follow. Complete Activities 9.1 to 9.4 as a project.

Activity 9.1 Signature Authorization Forms

Directions: On the following signature authorization form, fill in the appropriate information for yourself. Assume that you are opening an individual account.

FIRST INDEPENDENT MUTUAL SAVINGS BANK CHECKING SIGNATURE VERIFICATION	
Customer Name _____	Date _____
Account No. _____	Individual ____ Joint _____
Address _____	Daytime Phone _____
City/State/ZIP _____	Evening Phone _____
Social Security No. _____	DOB _____
Occupation _____	How long? _____
Employer _____	Phone _____
Contact in case of emergency: _____	Phone _____
Relationship _____	
Mother's Maiden Name or other code word _____	
JOINT ACCOUNT HOLDER (if any) _____	
Customer Name _____	Date _____
Account No. _____	Individual ____ Joint _____
Address _____	Daytime Phone _____
City/State/ZIP _____	Evening Phone _____
Social Security No. _____	DOB _____
Occupation _____	How long? _____
Employer _____	Phone _____
Contact in case of emergency: _____	Phone _____
Relationship _____	
Mother's Maiden Name or other code word _____	
SIGNATURES: _____ #1 Date _____	
_____ #2 Date _____	
(Use second page if more signatures are needed.)	
<i>Answers on the forms will vary. Be sure that forms are filled out completely and accurately.</i>	