

**Directions:** On the following signature authorization form, fill in the appropriate information for a joint account, for you and a friend. Both of you must sign the form.

**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.)