

Account Agreement

Date: 09/20/17

Institution Name & Address



Skowhegan Savings

SKOWHEGAN SAVINGS BANK
NORRIDGEWOCK BRANCH
PO BOX 403
NORRIDGEWOCK, ME 04957

Owner/Signer Information 1

Name	DAWN L BROWN	
Relationship		
Address	90 MOUNTAIN RD NEW SHARON ME 04955-3515	
Mailing Address (if different)		
Gov't issued Photo ID (type, number, state, issue date, exp. date)	Driver's License	79
Other ID (description, details)		
Employer	BROWN'S INSTALLATION	
Previous Financial Inst.		
E-Mail		
Work Phone	(207) 778-2902	
Home Phone:	(207) 778-2902	Mobile Phone: (207) 578-0616
Birth Date:	02/14/64	

Ownership of Account

The specified ownership will remain the same for all accounts.

- Individual
 Joint with Survivorship (not as tenants in common)
 Joint with No Survivorship (as tenants in common)
- Sole Proprietorship or Single Member LLC Partnership
 LLC-enter tax classification (C Corp S Corp Partnership)
 C Corporation S Corporation
 Trust-Separate Agreement Dated: _____

Beneficiary Designation

(Check appropriate ownership above.)

- Revocable Trust Pay-On-Death (POD)

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

Internal Use BUSINESS CHECKING

Account Title & Address

DAWN L BROWN
DBA A BEARS SECOND CHANCE
90 MOUNTAIN RD
NEW SHARON ME 04955-3515

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided, or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally, as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the follow

- Terms & Conditions Truth in Savings Funds Availability
 Electronic Fund Transfers Privacy Substitute Checks
 Common Features

Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

The Internal Revenue Service does not require your consent to the provision of this document other than the certifications required to avoid backup withholding.

- (1): X
I.D. # DAWN L BROWN, OWNER D.O.B. _____
- (2): X
I.D. # _____ D.O.B. _____
- (3): X
I.D. # _____ D.O.B. _____
- (4): X
I.D. # _____ D.O.B. _____