



NEW ACCOUNT APPLICATION

Educator Information (Please Print Legibly)

Full Name: _____ Social Security Number: _____ Birth Date: _____

Address: _____ City, State, Zip: _____

Primary Phone Number: _____ Email Address: _____

School: _____ Grade: _____ School Year: _____

Signature: _____ Date: _____

F&M Bank & Trust will need a copy of your Drivers License or State ID Card (please bring to F&M Kids Bank to open account)

*I can not print a copy of my Drivers License or Government ID. I have emailed it to F&M at clientservice@fmbanktrust.bank.
In the subject line please include your name and school.*

Bank Use Only:
Account #: _____
Date Opened: _____
Opening Deposit: _____