BANK OF FRANKLIN

CHEX SYSTEMS

DEPOSIT ACCOUNT APPLICATION

LAST NAME: _____ FIRST NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____

ISSUE DATE: _____ EXPIRATION DATE: _____

DATE OF BIRTH: _____

EMPLOYER: _____ OCCUPATION: _____

HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

NOTE: The undersigned hereby certifies that he/she has a direct financial interest in the application for the above deposit account. Accordingly, you are hereby authorized to investigate the banking, financial, credit and employment history of the undersigned and to answer questions about the account and your experience with the undersigned, including, but not limited to, obtaining a consumer report from a consumer reporting agency or otherwise making inquiries with present and former employers, financial institutions, banks and creditors.

_____ _____

SIGNATURE DATE