



Kaw Valley State Bank

AND TRUST COMPANY

Wamego • St. Marys • Clifton

Heritage Club Account Application Form

His Name: _____

His Birthday: _____

Her Name: _____

Her Birthday: _____

Address: _____

Phone Number: _____

His SS#: _____

Her SS#: _____

Account: _____

Safety Deposit Box #: _____

Anniversary Date: _____

Membership Date: _____

Present Customer (Y/N): _____

Medical Form (Y/N): _____

Referred By: _____

Taken By: _____

I/We give exclusive permission to the Kaw Valley State Bank and Trust Company to use my/our photo, name, and likeness in its advertising, brochures, and other bank materials.