



**GOOD NEIGHBORS CLUB**

**ENROLLMENT FORM**

**DATE**

**Name SSN DOB**

**Name SSN DOB**

**Street or P. O. Box**

**City, State & Zip**

**Phone No.**

**Email address**

**Yes, I hereby authorize the use of my name and/or picture for advertising and display purposes, including social media, for Two Rivers Bank & Trust.**

**This authorization shall be in effect until revoked in writing by me.**

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Customer Signature

**No, I do not authorize the use of my name and/or picture for bank advertising, or for display purposes.**

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Customer Signature

**WELCOME TO THE CLUB FOR VERY SPECIAL PEOPLE!!**

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**For Bank Use Only**

**File Maint. Required:**

Input a Misc. Code of 56 on *all* Accounts for this customer(s), **and** on the Customer Port(s).

**File Maint. performed by: (init)      Date:**