

Institution Name & Address
 First Bank and Trust, SB
 Main Office
 206 S. Central Avenue
 P.O. Box 880
 Paris, Illinois 61944
 800 228-6381

Internal Use 01-4012792-8 Teller's initials ad
Account Title & Address
 COUNTY OF EDGAR
 EDGAR COUNTY AIRPORT COMMITTEE
 JACK ASHER SIGNATURE
 236 W COURT ST
 PARIS, IL 61944-0000
 2683

COPY

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

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

Ownership of Account
 The specified ownership will remain the same for all accounts.
 Individual Corporation - For Profit
 Joint with Survivorship Corporation - Nonprofit
 (not as tenants in common) Partnership
 Joint with No Survivorship Sole Proprietorship
 (as tenants in common) Limited Liability Company
 Trust-Separate Agreement Dated: _____
 city government

Owner/Signer Information 1

Name	JACK ASHER SIGNATURE
Relationship to Account (Owner and/or Signer, etc.)	SIGNER
Address	236 W COURT ST PARIS, IL 61944-0000
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	

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.)

If checked, this is a temporary account agreement.
 Number of signatures required for withdrawal: 1

Owner/Signer Information 2

Name	
Relationship to Account (Owner and/or Signer, etc.)	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	
Other ID (Description, Details)	
Employer's Name & Address	
Previous Financial Inst.	

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 by law 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 and 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 following:

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

[X ]
 JACK ASHER SIGNATURE
 [X]
 [X]
 [X]

Authorized Signer (If checked and account is individual and consumer purpose, the last of the above signers is an Authorized Signer.)