



Membership Application

Super Partners

Date: _____

Branch: _____

To be eligible for membership, the customer must be 50 years of age or better, an account owner, and maintain a minimum balance of \$2,500 or more on deposit with Tennessee State Bank in checking, savings, money market or certificate of deposit (or a combination, thereof).

Please complete the information below. For proof of account status and membership eligibility, you must provide your Tennessee State Bank account number(s). Your information will remain secure and confidential.

Please print the following information.

Name(s) of Account Owner

Address

City, State, Zip

Primary Email Address

Secondary Email Address

Primary Cell Phone Number

Secondary Cell Phone Number

ACCOUNT INFORMATION: Please provide your account number(s) as proof of account ownership. If you would like to grant us permission to debit your account for costs related to events or travel in which you choose to participate in, please provide your initials in the box by the account number.

- Checking Acct. Number: _____
- Savings Acct. Number: _____
- Certificate of Deposit Number: _____

Return this application to
any TSB branch office
or mail it to:

Tennessee State Bank
ATTN: Super Partners
P. O. Box 1260
Pigeon Forge TN
37868-1260

Would you like to receive email and/or text notifications
regarding information about Super Partners events,
activities, and travel arrangements?

Email: _____ YES _____ NO

Text: _____ YES _____ NO

Signature - Account Owner

Signature - Account Owner