



Name _____

Address _____ City _____

State _____ Zip _____

Agency Name _____

Phone _____ Cell _____

Fax _____ Email _____

States you do business in _____

All information is kept confidential. You are responsible for you own taxes.
No checks will be paid until this form and IRS W-9 have been mailed to Northwest Georgia Bank and they have confirmed they have received said forms.

Signed _____ Date _____

Northwest Georgia Bank
HSA Department
5063 Alabama Hwy.
PO Box 789
Ringgold, GA 30736