



SOLVAY BANK
...a bank you can call your own.

Bank Use Only
PPC Number

Preferred Producer Registration Form

Agency Name _____

Agent/Broker Name _____

SSN/TIN _____

Pay Referral Fee to Agent Agency

Mailing Address _____

City _____

State _____ ZIP _____

Phone _____

Fax _____

E-mail _____

Mail completed form to:

Tami Stone, VP
HSA
Solvay Bank
1537 Milton Ave.
Solvay, NY 13209

Fax completed form to:

(315) 468-0372
Attn: Tami Stone, VP

