



FIRST STATE BANK

ABERNATHY

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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.

First Business Application

Business Name: _____

Tax ID: _____

Street Address: _____

City, State Zip: _____

Mailing Address: _____

City, State Zip: _____

Telephone: _____ Fax Phone: _____

Type of Account Desired

Business Checking: _____

Certificate of Deposit: _____

Corporation: _____

Articles of Incorporation: _____

Partnership: _____

Partnership Agreement: _____

Sole Proprietorship: _____

Assumed Named Certificate: _____

Owner of Business: _____

Home Address: _____

City, State, Zip: _____

Driver's License Number and State: _____

(Continued)

Other Accounts at First State Bank of Abernathy

Loan: _____

Checking: _____

Any other type of relationship: _____

Customer Notices: State Law requires that account holders inform this information at least annually of any changes in the above-required information.

Signature: _____

** I certify under penalties of perjury the above information is correct.

For Bank Use Only

ChexSystems / OFAC Yes: _____ No: _____

Date Opened: _____ / _____ / _____ Type of Account: _____

Initials: _____ Account Number: _____ Port Number: _____

Date Closed: _____ / _____ / _____ Source of Funds: _____

Initials: _____