



# FIRST STATE BANK

ABERNATHY

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

Federal law requires us to obtain sufficient information to verify you 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 Checking Application

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Drivers License and State: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Drivers License and State: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Drivers License and State: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*\*\* If not at current address for three years, all the names need to indicate previous address \*\**

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

(Continued)

Type of Account Desired

Individual: \_\_\_\_\_

Joint (with Survivorship) not as tenants in common: \_\_\_\_\_

Joint (without Survivorship) as tenants in common: \_\_\_\_\_

Minor with Parent: \_\_\_\_\_

Trust: \_\_\_\_\_

Estate: \_\_\_\_\_

Other Accounts at First State Bank of Abernathy

Loan: \_\_\_\_\_

Checking: \_\_\_\_\_

Any other type of relationship: \_\_\_\_\_

Employer

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work phone and extension: \_\_\_\_\_

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: \_\_\_\_\_