



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 Savings 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: _____