FIRST STATE BANK MEMBER FDIC

## P.O. BOX 160 SHALLOWATER, TEXAS 79363

(806) 832-4525 FAX (806) 832-5849

## **NEW ACCOUNT APPLICATION**

INDIVIDUAL APPLICANT INFORMATION	
Name (First, Middle, Last)	Social Security#
Date of BirthHome PhoneCell PhoneDriver's License #	Issue DateExp. Date
Mailing Address	
Physical AddressEmail Address	
Previous Address (if less than 3 years at present address)	
Name & Address of nearest relative not living with you	
Relationship Telephone Number	
Previous Banking Relationship(s)	
Employer (Company Name & Address)	
Employer Telephone Job Position or Title	Retired/Occupation
JOINT APPLICANT INFORMATION	
Name (First, Middle, Last)	Social Security #
Date of Birth Home Telephone Driver's License #	
Mailing Address	-
Physical Address_	
Relation to Applicant_	
Previous Banking Relationship(s)	
Employer (Company Name & Address)	
Employer Telephone Job Position or Title	Retired/Occupation
TYPE OF ACCOUNT DESIRED	TYPE OF ACCOUNT OWNERSHIP
Simply Free Simply Free + #1 Customer Ir	ndividual Joint
Passbook Savings CD	
Money Market MMCR Safe Deposit Box	
Student UTMA IRA	
Do you have other accounts with us? If so, please include the Name and Account Number	
HOW DID YOU HEAR ABOUT FIRST STATE BANK? (Check all that apply)	
Radio Billboard Other Advertising	
Television Already have accounts Convenient to home or work	
Newspaper Friend or acquaintance Other	
Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will keep authorize you to check my credit and previous deposit account relationships.  Applicant Signature  Joint Applicant Signature	o this application whether or not it is approved. By signing below, I
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THIS SECTION IS FOR BANK USE ONLY	
Employee Initials Approval Account Number(s)  Comments Credit Code (SSN)	