



FIRST BANK KANSAS

firstbankkansas.com



Personal Checking/Savings Account Application

First Name:

Last Name:

Privacy Policy:

Our [privacy policy](#) protects the privacy of your personally-identifying information that you provide us online.

Account Holders must reside in Kansas.

Important Information about Procedures for Opening a New Account

Identification Procedures Requirements: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Security Notice:

You should ONLY fill out this Application on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now.

Instructions:

1. Complete application on-line and click "Submit Application" or fax it to 785.825.7663. Alternatively, you can print the completed application and bring it to a First Bank Kansas location.
2. To safeguard your privacy, QUIT your browser and restart it again after using this form. This form is NOT saved in your computer's memory when you quit your browser.
3. We will contact you with the location of our closest office for you to sign a signature card. You may also be requested to provide photocopies of your Social Security card and Driver's License, or other documentation.

Account Ownership Information

(required)	<input type="radio"/> Single Owner (Individual) <input type="radio"/> Joint (Right of Survivorship) <input type="radio"/> Payable on Death (POD) / Beneficiary
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Primary Account Holder Information

First Name	Middle	Last Name
_____	_____	_____
Date of Birth	Social Security No.	Home Phone
_____	_____	_____
Email Address	Mother's Maiden Name	
_____	_____	

Driver's License No.	Driver's License State	Driver's License Issue Date	Driver's License Expiration Date
_____	_____	_____	_____

Street Address	City	State	Zip
_____	_____	_____	_____

Employer	Occupation	Work Phone
_____	_____	_____

Joint Account Holder (with rights of survivorship)

First Name	Middle	Last Name
_____	_____	_____

Date of Birth	Social Security No.
_____	_____

Home Phone	Email Address	Mother's Maiden Name
_____	_____	_____

Driver's License No.	Driver's License State	Driver's License Issue Date	Driver's License Expiration Date
_____	_____	_____	_____

Street Address	City	State	Zip
_____	_____	_____	_____

Employer	Occupation	Work Phone
_____	_____	_____

Payable on Death Beneficiary (if you selected POD/Beneficiary ownership)

First Name	Middle	Last Name
_____	_____	_____

Social Security No.	Home Phone
_____	_____

Street Address	City	State	Zip
_____	_____	_____	_____

I/We would like to apply for the following account(s):

Checking Accounts	<input type="checkbox"/> Elite Checking <input type="checkbox"/> Select Checking <input type="checkbox"/> Simple Checking
Savings Accounts	<input type="checkbox"/> Regular Savings <input type="checkbox"/> Minor Savings
Money Market Accounts	<input type="checkbox"/> Money Market Account
Mastercard Debit Card	<input type="checkbox"/> Mastercard Debit Card
Number of Mastercard Debit Cards	<input type="radio"/> 1 <input type="radio"/> 2

Which First Bank Kansas location do you prefer to use?

	<input type="checkbox"/> 235 S Santa Fe, Salina <input type="checkbox"/> 2860 S Ninth, Salina <input type="checkbox"/> 1333 W Crawford, Salina <input type="checkbox"/> 1500 Aylward, Ellsworth <input type="checkbox"/> 1410 N Buckeye, Abilene <input type="checkbox"/> 118 N Main, Lindsborg <input type="checkbox"/> 1301 N Main, McPherson <input type="checkbox"/> 1600 E 17th, Hutchinson
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The Internal Revenue Service does not require your consent to any provision of this document other than certification required to avoid backup withholding. See Taxpayer Identification Number Certification below.

By submitting this application, I (each person jointly and severally) apply for the account(s) and Mastercard Debit card(s) listed above. As an account owner, I am subject to all of its bylaws and rules as amended from time to time. I certify that all information given is correct. I understand and agree that for all accounts governed by this application, all persons listed here will be owners. If I wish an account to have (as applicable) fewer, additional, or different owner(s), a completed, signed application for the specific account must be submitted to and accepted by **First Bank Kansas**.

I agree to the terms and conditions for any accounts or services that I have now or in the future, and as they change from time to time. I agree at any time you may request information from others about my credit or accounts and that you provide to others experience information about me or my accounts with **First Bank Kansas**.

I/We AGREE with the above statement