



First Texoma National Bank

The neighborhood bank you can count on.

Personal Account Application

First Name:

Last Name:

Submitted on:

Primary Joint Account Holder Information

First Name

Middle Name

Last Name

Date of Birth

Social Security No.

Driver's License #

Driver's License State

Driver's License Issue Date

Driver's License Expiration Date

Address Information

Address Line 1

Address Line 2

City

State

ZIP Code

Forms of Contact (required)

Primary Phone

Secondary Phone

E-mail Address

Employment Information
(required)

Employer

Occupation

Joint Account Holder (with right of survivorship)

This section is optional and only needed if you will be applying for a joint account with someone else.

First Name				Middle Name				Last Name							
<hr/>															
Date of Birth						Social Security #									
<hr/>															
Driver's License #				Driver's License State				Driver's License Issue Date				Driver's License Expiration Date			
<hr/>															
Address Information		Address Line 1													
		Address Line 2													
		City				State				ZIP Code					
<hr/>															
Primary Phone				Secondary Phone				E-mail Address							
<hr/>															
Employment Information (required)		Employer Name						Occupation							
<hr/>															
Account Titling Information															
(required)		<input type="radio"/> Individual													
		<input type="radio"/> Joint													
		<input type="radio"/> In Trust For													
		<input type="radio"/> Custodial													
In Trust For (required)		Name						Social Security No.							
<hr/>															
Custodial (required)		Name						Social Security No.							
<hr/>															
I/We would like to apply for the following account(s):															
Checking Accounts Types		<input type="checkbox"/> First Checking													
		<input type="checkbox"/> First Advantage Checking													
		<input type="checkbox"/> First NOW Checking (Interest Bearing)													

Savings Account Types	<input type="checkbox"/> First Savings
Money Market Accounts	<input type="checkbox"/> First Money Market
Certificate of Deposit (CDs) <i>Please select what you would like your term to be in the dropdown below.</i>	
Debit Card/ATM	<input type="checkbox"/> Mastercard Debit Card

Authorizaton

By clicking the "I/We Agree" box below, the applicant(s) request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The applicant(s) agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history, if necessary, by any means, including preparation of a credit report by a credit agency. Check the "I Agree" box to indicate that you (the applicant) have read the agreement and accept its terms.
(The purpose of this questionnaire is to begin the application process. All applications are subject to approval.)
[Click here to review the Terms and Conditions.](#)

(required)	<input type="checkbox"/> I/We AGREE with the above statement and the Terms and Conditions.
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