



[Privacy Statement](#)

Equal Housing Lender Member FDIC

Switch Kit

First Name:

Last Name:

Submitted on:

Privacy Policy: Our [privacy policy](#) protects the privacy of your personally-identifying information that you provide us online. **Account Holders** must reside in **County, State**.

Security Notice: Only fill out this form on-line if you are using a browser with the latest security enhancements. If you do not have the latest version, download it now. This form is not cached (saved in your computer's memory) when you quit your browser.

Instructions:

1. Complete this questionnaire and click "Submit" or print and fax it to 940-549-0314.
 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.
- The purpose of this questionnaire is for us to gather some information, so you can begin the application process. All applications are subject to approval. Please note that Primary and Joint account holders will need to sign an official account form in person at one of our offices before the account can be opened. For your own account security, we'll also need to photocopy your driver's license(s), or other form of ID, so we can have it on file to accurately identify you in the future.

Individual Account

Name

Street Address	<div>Address Line 1</div> <div>Address Line 2</div> <div>CityStateZIP Code</div>
Mail Address if different	<div>Address Line 1</div> <div>Address Line 2</div> <div>CityStateZIP Code</div>

Home Phone		Work Phone		E-mail Address	
Joint Account					
Name					
Street Address	Address Line 1				
	Address Line 2				
	City		State	ZIP Code	
Mail Address if different	Address Line 1				
	Address Line 2				
	City		State	ZIP Code	
Home Phone		Work Phone		E-mail Address	
Primary Account Holder Information					
Social Security Number				Date of Birth	
Driver's License Number				Expiration Date	
Alternate Access Code		Employer		Position	
Joint Account Holder Information					
Social Security Number				Date of Birth	
Driver's License Number				Expiration Date	
Alternate Access Code		Employer		Position	

I would like to open	<div><input type="checkbox"/> Personal Checking</div> <div><input type="checkbox"/> Business Checking</div> <div><input type="checkbox"/> Money Market</div> <div><input type="checkbox"/> Statement Savings</div> <div><input type="checkbox"/> CD</div> <div><input type="checkbox"/> IRA</div> <div><input type="checkbox"/> I/we would like an ATM/CheckCard</div> <div><input type="checkbox"/> I/we would like transfer capabilities at the ATM and online.</div> <div><input type="checkbox"/> I/we would like free online access to account(s).</div>
Number of ATM/CheckCard Cards	