



Member FDIC | Equal Housing Lender

[Privacy & Security](#)

Personal Checking/Savings Account Application

First Name:

Last Name:

Submitted on:

Privacy Policy:

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

Please note: your account will not be opened with this online application. It will help speed up the process, but you must come to one of our three convenient locations to complete the account opening and sign signature cards.

PER OUR POLICY, WE DO NOT OPEN ACCOUNTS IF THERE IS A HISTORY OF ACCOUNT ABUSE OR CHARGED OFF ACCOUNTS AT OTHER FINANCIAL INSTITUTIONS.

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 and click "Submit Application"
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.

Primary Joint Account Holder Information

First Name

Middle Initial

Last Name

Date of Birth

Social Security No.

Your E-mail Address

Driver's License No.

Driver's License State

Driver License issue date

Driver license expiration date

Address Information	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
<div>Home PhoneWork Phone</div>			
Subject to backup withholding	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>		
Occupation			
Employer name, address & phone number			
Joint Account Holder (with right of survivorship)			
<div>First NameMiddle InitialLast Name</div>			
<div>Date of BirthSocial Security No.Your E-mail Address</div>			
<div>Driver's License No.Driver's License State</div>			
Driver license issue date			
Driver License Expiration Date			
<div>Home PhoneWork Phone</div>			
Address Information	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Subject to backup withholding	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>		
Occupation			
Employer name, address & phone number			
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)	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Name</td> <td style="width: 50%; text-align: center;">Social Security No.</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	Name	Social Security No.	_____	_____
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Custodial (required)	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Name</td> <td style="width: 50%; text-align: center;">Social Security No.</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	Name	Social Security No.	_____	_____
Name	Social Security No.				
_____	_____				
I/We would like to apply for the following account: (please review options on our Checking Accounts web page)					
Checking Accounts	<input type="checkbox"/> Hometown Secure Checking <input type="checkbox"/> Hometown Secure Plus Checking <input type="checkbox"/> Texas Choice				
Savings Accounts	<input type="checkbox"/> Regular Savings				
Money Market Accounts	<input type="checkbox"/> Money Market Account				
Visa Check/ATM Card	<input type="checkbox"/> Visa Check Card <input type="checkbox"/> ATM Card				
Visa Check Card	<input type="radio"/> 1 <input type="radio"/> 2				
ATM Card	<input type="radio"/> 1 <input type="radio"/> 2				
Branch Location Preference	<input type="checkbox"/> 2201 Sherwood Way <input type="checkbox"/> 4206 College Hills Blvd <input type="checkbox"/> 1815 N Chadbourne				

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.

Taxpayer Identification Number Certification: Under the penalties of perjury, I certify that

(1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

(2) I am not subject to backup withholding because

(a) I am exempt from backup withholding, or

(b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or

(c) the IRS has notified me that I am no longer subject to backup withholding as a result of failure to report all interest or dividends, or

(d) the IRS has notified me that I am no longer subject to backup withholding, and

(3) I am a U.S. person (including U.S. resident alien).

Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return unless you have received another notification form from the IRS that you are no longer subject to backup withholding.

I understand that if I do not provide a taxpayer identification number to **Texas State Bank** within sixty (60) days, then **Texas State Bank** is required to withhold twenty percent (20%) of all reportable payments thereafter made to me until I provide a number.

By submitting this application, I (each person jointly and severally) apply for the account(s) and Check/ATM card(s) listed above and a personal identification number. 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 for / or, any one of us opens in the future is governed by this application, and all persons listed here will be owners, except as provided as follows: 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 **Texas State Bank**.

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 **Texas State Bank**.

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