First Name:

Submitted on:

Driver license expiration

date

Member FDIC | Equal Housing Lender

Privacy & Security

Personal Checking/Savings Account Application

Last Name:

Privacy Policy: Our privacy policy protects the privacy of	your personally-identifying information that	you provide us online.		
our three convenient locations to comple	te the account opening and sign signature of ACCOUNTS IF THERE IS A HISTORY OF			
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 "Subm		form. This form is NOT saved in your computer's		
3. We will contact you with the location o	f our closest office for you to sign a signatur and Driver's License, or other documentation	re card. You may also be requested to provide		
priotocopies of your occurry card	Primary Joint Account Holder Inform			
First Name	Middle Initial	Last Name		
Date of Birth	Social Security No.	Your E-mail Address		
Driver's License I	No.	Driver's License State		
Driver License issue date				

	Address Line 1				
Address Information	Address Line 2				
	City	State	ZIP Code		
	Home Phone		Work Phone		
Subject to backup withholding	O Yes				
Occupation					
Employer name, address & phone number					
phone namber	Joir	nt Account Holder (with right of s	urvivorship)		
First Nam	е	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					
	Home Phone		Work Phone		
	Address Line 1				
Address Information	Address Line 2				
	City	State	ZIP Code		
Subject to backup withholding	○ Yes				
	○ No				
Occupation					
Employer name, address & phone number					
		Account Titling Information	n		

(required)	IndividualJointIn Trust ForCustodial	
In Trust For (required)	Name	Social Security No.
Custodial (required)	Name	Social Security No.
I/We would like	to apply for the following account: (p	lease review options on our Checking Accounts web page)
Checking Accounts	Hometown Secure Checking Hometown Secure Plus Check Texas Choice	ng
Savings Accounts	Regular Savings	
Money Market Accounts	Money Market Account	
Visa Check/ATM Card		
Visa Check Card	O 1 O 2	
ATM Card	O 1 O 2	
Branch Location Preference	2201 Sherwood Way 4206 College Hills Blvd 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)	I/We AGREE with the above statement