



Member FDIC | Equal Housing Lender
[Privacy Policy](#)

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.

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.

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 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	Issue Date	Expiration Date
_____	_____	_____	_____

Home Phone	Work Phone	Cell Phone
_____	_____	_____

Address Information (required)	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Employment Information (required)	Employer	Occupation	
Joint Account Holder (if applicable)			
First Name	Middle Initial	Last Name	
Date of Birth	Social Security No.	Your E-mail Address	
Driver's License No.	Driver's License State	Issue Date	Expiration Date
Home Phone	Work Phone		
Address Information	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Employment Information (required)	Employer	Occupation	
Account Titling Information			
(required)	<input type="radio"/> Individual <input type="radio"/> Joint		<input type="radio"/> Payable On Death (Beneficiary) <input type="radio"/> Custodial
Payable On Death Benenfiary (required)	Name	Social Security No.	
Custodial (required)	Name	Social Security No.	
I/We would like to apply for the following account(s):			

Checking Accounts	<input type="checkbox"/> Simply Free Checking	<input type="checkbox"/> Direct Interest Checking
	<input type="checkbox"/> Platinum Interest Checking	<input type="checkbox"/> Premium 50 Interest Checking
Savings Accounts	<input type="checkbox"/> Regular Savings	<input type="checkbox"/> Minor Savings
Money Market Accounts	<input type="checkbox"/> Money Market Account	
Choose Your Branch (required)	<input type="radio"/> Kerrville - 1309 Bandera Hwy	<input type="radio"/> Ingram - 1916 Junction Hwy
	<input type="radio"/> Fredericksburg - 1037 S State Hwy 16	
How Did You Hear About Us?		