



First National Bank

of BURLESON ... LOCALLY OWNED

Welcome Home!

Date: _____

ACCOUNT APPLICATION AND AUTHORIZATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

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.

Account Holder Name: _____ Account Holder/Authorized Signer Name: _____

Account Holder Name: _____ Account Holder/Authorized Signer Name: _____

Business Name: _____ EIN# _____

Physical/Principal Address: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Cell _____ Beeper _____ Office _____

Account Holder: _____ DOB _____ Social Security # _____
DL # _____ State _____ Exp Date _____
Passport # _____ City _____ Issue Date _____ Exp Date _____
Other I.D. Information _____

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BANK USE ONLY

Branch _____ I.D. Verification/Match _____ Decline _____ OFAC Verification _____
Account # _____ Account Type _____ Revision/Dep.\$ _____ CT# _____
Account # _____ Account Type _____ Revision/Dep.\$ _____ Officer: _____
Account # _____ Account Type _____ Revision/Dep.\$ _____ N/A Rep. _____

CHEX Systems: SS# Issue Date _____ State Issued _____ Record Information: Y/N _____

Retail Indicator _____ Other _____

Comments: _____

Check/Deposit Order Info: _____

Related Accts: Dir. _____ Ind. _____ Inf. _____

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Employer(s) _____ Telephone # _____

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Present or Previous Bank: _____

Accounts with this Bank Currently? _____ **Previously?** _____ **When?** _____

Name, address, telephone number and relationship of someone who will always know your location:

ACCOUNT TYPES(S) TO BE OPENED TODAY

- | | |
|---|---|
| <input type="checkbox"/> First One | <input type="checkbox"/> Commercial Checking |
| <input type="checkbox"/> Free Checking | <input type="checkbox"/> Small Business Checking |
| <input type="checkbox"/> Basic Checking | <input type="checkbox"/> Non-Profit Checking |
| <input type="checkbox"/> Budget Checking | <input type="checkbox"/> Commercial NOW Checking |
| <input type="checkbox"/> Now Checking | <input type="checkbox"/> Commercial Money Market Checking |
| <input type="checkbox"/> Money Market Savings | <input type="checkbox"/> Certificates of Deposit |
| <input type="checkbox"/> Regular Savings | <input type="checkbox"/> IRA Account |

ACCOUNT OWNERSHIP/SURVIVORSHIP

- | | | |
|---|--|---|
| <input type="checkbox"/> Single Party/Sole Proprietor | <input type="checkbox"/> Joint With Right of Survivorship | <input type="checkbox"/> Guardianship/Trust/Other |
| <input type="checkbox"/> Authorized Signer(s) | <input type="checkbox"/> Joint Without Right of Survivorship | <input type="checkbox"/> POD Beneficiary |

P.O.D. Beneficiary: _____ Address: _____ PH# _____

P.O.D. Beneficiary: _____ Address: _____ PH# _____

OTHER SERVICES:

- | | | |
|------------------------|----------------------|---------------------------------------|
| ___ ATM/Debit Card | ___ Safe Deposit Box | ___ Loans |
| ___ On-Line Bill Pay | ___ On-Line Banking | ___ Direct Deposit |
| ___ Overdraft Coverage | ___ Auto Transfer | ___ MasterCard/Visa Merchant Services |

I certify that the information on this application is true and correct. By signing below, I authorize the Bank to contact previous bank references and to check my credit and employment history.

Customer Signature Date

Customer Signature Date

Customer Signature Date

Customer Signature Date

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