

Customer Number: \_\_\_\_\_

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Primary Owner  Minor for TUTMA Savings

New Customer  Existing Customer  Previous Customer

Mr.  Mrs

Miss  Dr. \_\_\_\_\_ Usual Name \_\_\_\_\_  
First Middle Last

Do You Have Legal Rights to Reside in the United States?  Yes  No Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Residence \_\_\_\_\_

Rent / Own \_\_\_\_\_ Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*\*\*Mailing Address (if other than residence) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Identification Type:  Texas Drivers License  Texas ID  Military  Passport  Other \_\_\_\_\_ ID# \_\_\_\_\_ Expires \_\_\_\_\_  
mm/dd/yyyy

Current Employer \_\_\_\_\_ Address \_\_\_\_\_

Address City State Zip

Position \_\_\_\_\_ Start Date \_\_\_\_\_ Work Phone \_\_\_\_\_ ext \_\_\_\_\_ Fax Number \_\_\_\_\_

Optional Information: # of Dependents \_\_\_\_\_ Marital Status:  Unmarried  Married  Widowed  Divorced  Other

### Customer Signature -

Customer Number: \_\_\_\_\_

Joint Owner  Beneficiary  Convenient Signer  Custodian

New Customer  Existing Customer  Previous Customer

Mr.  Mrs

Miss  Dr. \_\_\_\_\_ Usual Name \_\_\_\_\_  
First Middle Last

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## Financial Institution Information Below - for Use by Bank Personnel

Date \_\_\_\_\_ Time \_\_\_\_\_

Branch #  1 - Main

Chexsystems Code \_\_\_\_\_

YES  NO Verified with OFAC List via Chexsystems

Permanent Residence Verified  Immigration Status Verified

Account Type \_\_\_\_\_

Account # \_\_\_\_\_

Deposit Amt \$ \_\_\_\_\_

New Money:  Yes  No

f:\docs\newacct\forms\Application Personal.doc

New Account  Replacement Card  Add Signer(s)

Existing Account  Add Beneficiary(s)

Transfer From \_\_\_\_\_

Switch From \_\_\_\_\_

REASON(S) FOR CHOOSING FIRST STATE BANK

CONVENIENCE  MAILER  NEWSPAPER

OTHER ACCOUNTS AT FSB  PRODUCTS

Cash  Check  Other

SERVICE  RATES  SERVICE CHARGES

SPECIAL EVENT

REFERRAL BY \_\_\_\_\_

Product/Service

Check Order

ATM Card

Internet Banking

Debit MasterCard

Safe Deposit Box

Other

Signature \_\_\_\_\_

New Accounts Representative

Employee Number \_\_\_\_\_

Customer Number:

Joint Owner  Beneficiary  Convenient Signer  Custodian  New Customer  Existing Customer  Previous Customer

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mm/dd/yyyy

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Address City State Zip

Position \_\_\_\_\_ Start Date \_\_\_\_\_ Work Phone \_\_\_\_\_ ext \_\_\_\_\_ Fax Number \_\_\_\_\_

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**Customer Signature -**

Date ____ / ____ / ____  Branch <input type="checkbox"/> 1-Main	Account Type _____  Account # _____ Amount \$ _____	New Accounts Representative:  _____ Signature Employee Number
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