

DATE _____ OFFICER _____ CSR _____ BRANCH _____ NEW _____

REVISION DATE _____ REASON _____

ACCT TYPE _____ ACCT # _____ DEBIT/ATM CARD OptIN OptOUT QUICKCONNECT
BILL PAY ARTIE SWEEPS SYNAPSYS

PRIMARY SIGNER ID 1) _____ 2) _____ SECONDARY SIGNER ID 1) _____ 2) _____

POD _____
PRIOR to OPENING
CIP EX: Yes No APPROVED BY _____
SSN #(P) Verified Initials _____ SSN #(S) Verified Initials _____
Hm Ph(P) Verified Initials _____ Hm Ph(S) Verified Initials _____
Bus Ph(P) Verified Initials _____ Bus Ph(S) Verified Initials _____

Primary Signer Personal Account Application

Do you have other accounts, loans, safe deposit box with **First Bank of Conroe**? YES NO Bank Use **CIF**
Name (First, Middle, Last) _____ DP _____
Mailing Address _____ City _____ St _____ Zip+4 _____
Home Ph _____ Cell/Daytime Ph _____ Mother's Maiden Name _____
Physical Address if other than Mailing _____
Social Security Number _____ Verified _____ Texas DL # _____
Date of Birth _____ City/State/Country of Birth _____ Are you a US Citizen? YES ___ NO ___
Name of Employer _____ Employer Ph _____ DP _____
Address of Employer _____ City _____ St _____ Zip+4 _____
How long with this Employer? _____ Occupation Now or Prior to Retirement _____
Nearest Relative NOT living with you: Name _____
Address _____ Ph # _____
CURRENT BANK _____

Secondary Signer

Do you have other accounts, loans, safe deposit box with **First Bank of Conroe**? YES NO Bank Use **CIF**
Name (First, Middle, Last) _____ DP _____
Mailing Address _____ City _____ St _____ Zip+4 _____
Home Ph _____ Cell/Daytime Ph _____ Mother's Maiden Name _____
Physical Address if other than Mailing _____
Social Security Number _____ Verified _____ Texas DL # _____
Date of Birth _____ City/State/Country of Birth _____ Are you a US Citizen? YES ___ NO ___
Name of Employer _____ Employer Ph _____ DP _____
Address of Employer _____ City _____ St _____ Zip+4 _____
How long with this Employer? _____ Occupation Now or Prior to Retirement _____
Nearest Relative NOT living with you: Name _____
Address _____ Ph # _____
CURRENT BANK _____

Opening this account I/We certify that the statements contained herein are true and that I/We understand that willful misrepresentation on this application could result in a fine and/or imprisonment under provisions of the U.S. Criminal Code. The bank authorized to obtain any information it deems necessary for the review of this application.
******* 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 to 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 will also ask to see your driver's license and other identifying documents.

Signature of Primary Date Signature of Secondary Date

For Bank Use ONLY (* Requires Officer Approval)
Primary Signer ChexSystems * _____ Proof of Address (If required) _____ OFAC _____
Secondary Signer ChexSystems * _____ OFAC _____
Input verified _____ Initials _____ Date _____ Sig card received _____ Sig card scanned _____
Prior to Opening if on ChexSystems Officer Sign off _____ **Existing cust. Chg of Address: Need On File ID Current?

