

FIRST STATE BANK OF BEN WHEELER
CANTON – EDOM – EDGEWOOD

Full Legal Name: _____

(First/Middle/Last)

Driver's License: _____ EXP. Date: _____ U.S. CITIZEN (Please Circle) YES NO

If yes, SSN: _____ If no, ITIN# (Non-Resident Alien#) _____

Date of Birth: _____ Mother's Maiden Name _____

Physical Address (**REQUIRED**): _____ Apt#: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Work Phone#: _____ Cell #: _____

Employer: _____ Email Address: _____

Email Statements? Circle: Yes (Free w/All Accounts) No (\$2.95 Statement fee w/Advantage Checking)

PAYABLE ON DEATH INFORMATION:

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:

_____ Relationship: _____ Phone#: _____

Overdraft Protection (Signature Required)

Yes: _____ No: _____

The information I have provided is correct to the best of my knowledge. I authorize First State Bank of Ben Wheeler to verify the information and to check Credit and/or employment history as necessary.

*****Verification of all account information provided by Deluxe Detect and Experian*****

X _____ Date: _____

(Applicants Signature)

Official Use Only (Over)

FOR OFFICIAL USE ONLY

Circle one form of ID from each category and attach copies.
If the address on the photo ID does not match, customer must provide proof of address.

PHOTO ID REQUIRED

State Driver's License
State I.D. Card
Military I.D. Card
Passport
Photo Student I.D. (Under age 16)

PROOF OF SSN/TIN REQUIRED

Social Security Card
Medical Insurance Card (including SSN#)
Pay Stub
Tax Return

Exception for elderly and disabled individuals. You may collect only one form of secondary identification IF a primary form of identification is not available

WHAT SERVICE IS THE CUSTOMER INTERESTED IN?
(CIRCLE ALL THAT APPLY)

<u>CHECKING:</u>	<u>SAVINGS:</u>	<u>CERTIFICATE OF DEPOSIT:</u>	<u>SERVICES:</u>	<u>OTHER:</u>
ADVANTAGE	REGULAR	REGULAR	DEBIT/ATM CARD	IRA
PREMIER	BUSINESS	LITTLE BUCKS	ATS	SAFE DEP BOX
PREMIER PLUS	UTMA	BUSINESS	EMAIL STATEMENTS	
BUSINESS			COMBINED STATEMENTS	
NOW ACCOUNT				
MONEY MARKET				

ACCOUNT SET-UP

_____ NEW CUSTOMER _____ EXISTING CUSTOMER _____ MAILED THANK YOU LETTER
_____ MATCHED ADDRESS TO ID'S (IF NOT, PROOF OF ADDRESS REQUIRED-UTILITY BILL/LEASE/LETTER FROM LANDLORD)
_____ OFAC _____ EMAIL STATEMENT _____ AOD _____ ORDERED CHECKS

Account Owner: _____ Deluxe Detect _____

ACCOUNT#: _____ OPENED BY: _____ DATE: _____