



## Personal Account Application

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### Main Office

605 W Airport Freeway

Irving TX

(972) 252-6000

(972) 252-6014

### Garland Office

517 W Interstate 30

Garland TX

(972) 303-6100

(972) 303-6110 Fax

### Richardson Office

500 W Beltline Road

Richardson TX

(972) 238-1100

(972) 238-1211 Fax

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### Mailing Address:

(All Offices)

P.O. Box 763009

Dallas TX 75376

**USA Patriot Act Notice:** 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. Your name, address, date of birth, and other information collected in this application will allow us to identify you. We may also ask for your driver's license or other identifying documents. By submitting this application, the applicant and any co-applicant (each referred to as "I", "my", and "me") each represent that all the information in this application is true and correct. I authorize you to obtain any information about me that you believe is necessary to evaluate this application, including consumer reports from consumer reporting agencies. I agree to accept the terms of this account which will be mailed to me upon receipt of this application.

### Member FDIC

Deposits are insured up to \$100,000 Per Depositor

**PERSONAL ACCOUNT APPLICATION**Application must be filled out completely for review.**Type of Account** (Check One)**Checking Account**  Type Of Checking Account: \_\_\_\_\_**Savings Account** **Certificate of Deposit** 

Choose Term: 30 Days 60 Days 90 Days 180 Days 1 Year 2 Year

Interest Payment Term: Monthly Quarterly Semi Annually Annually At Maturity

Interest Payment Method:

 Add Back To Certificate (annually or at maturity only) Mail Check SBT Account# \_\_\_\_\_ ACH Depository Institution \_\_\_\_\_ ABA# \_\_\_\_\_

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

**Account Holder Information**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Prior Address (If Less Than 5 Years) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact # \_\_\_\_\_ Secondary Contact Information \_\_\_\_\_

SSN \_\_\_\_\_ Birth Date \_\_\_\_\_

Valid State ID# \_\_\_\_\_ Issuing State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Current Employer Name \_\_\_\_\_ Employer Phone # \_\_\_\_\_

**Account Holder Information 2**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Prior Address (If Less Than 5 Years) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact # \_\_\_\_\_ Secondary Contact Information \_\_\_\_\_

SSN \_\_\_\_\_ Birth Date \_\_\_\_\_

Valid State ID# \_\_\_\_\_ Issuing State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Current Employer Name \_\_\_\_\_ Employer Phone # \_\_\_\_\_

**Beneficiary Information** (If Any)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Primary Contact # \_\_\_\_\_ Secondary Contact Information \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_

Relationship To Account Holder(s):     Spouse             Child             Other \_\_\_\_\_

**All following documentation must be attached to the application for approval.**

Copy of Valid State Identification           

Copy of Legal Document Reflecting SSN   

Proof of Current Address                     

I (we) agree to the Terms and Conditions of your Deposit Account: Electronic Funds Transfer Disclosure, Funds Availability Disclosure, Truth in Savings Disclosure, the Services and Fees Schedule, the ATM Disclosure and acknowledge receipt of the same. Under penalties of perjury, I (we) certify that (1) the social security number(s) indicated above is/are my number/s and (2) I/We am/are not subject to backup withholdings as a result of failure to report all interests or dividends, or the IRS has notified me that I am no longer subject to backup withholding. I understand that this is an application for an account(s) with State Bank of Texas and is subject to approval. By submitting this application I give authorization for the approval process to include a review of my personal credit history and past banking relationships. "The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_      Joint Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note Here If Referred By A Company: \_\_\_\_\_