

Community Bank Personal Deposit Account Application

denotes required fields

Identification obtained-One of which must be in the first box:

PRIMARY ID/NUMBER/EXPIRATION DATE		SECONDARY ID/NUMBER/EXPIRATION DATE		STATEMENT TYPE:	
TX Diver's License	Passport	Social Security Card	Utility Bill	Printed	No Imaging
TX ID Card	Alien Registration Card	School or College ID with Photo	Insurance Car	Internet	
Military or Govt ID Card		Local Employment ID with Photo	Payroll Stub	No Statement	

PROCESSING INFORMATION

Date Opened:	Account Type:	DDA, CD, or Savings Acct Number
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PRIMARY SIGNER INFORMATION

Full Name (Last, First, Middle)

Mail Address

Physical Address and How Long?

Prev Addr. (if at current less than 2 years) Phone #

Employer Name and Address Date of Birth

Primary Identification Exp: Secondary Identification Exp:

US CITIZEN? (If no, obtain IRS Form W or Equiv) SS or ITIN

Name/Address of Relative who can reach you

CONVIENCE SIGNER

Full Name (Last, First, Middle)

Mail Address

Physical Address and How Long?

Prev Addr. (if at current less than 2 years) Phone #

Employer Name and Address Date of Birth

Primary Identification Exp: Secondary Identification Exp:

US Citizen? (If no, obtain IRS Form W* or Equiv) SS or ITIN

Name/Address of Relative who can reach you

JOINT SIGNER INFORMATION

Full Name (Last, First, Middle)

Mail Address

Physical Address and How Long?

Prev Addr. (if at current less than 2 years) Phone #

Employer Name and Address Date of Birth

Primary Identification Exp: Secondary Identification Exp:

US Citizen? (If no, obtain IRS Form W* or Equiv) SS or ITIN

Name/Address of Relative who can reach you

PAYMENT ON DEATH

Name	Relationship	ID Info
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APPLICANT'S ACCEPTANCE

I certify that the above information is true and complete, and authorized you to verify the above information and to obtain further information concerning my credit history and standing and deposit accounts maintained with other FI.

Primary Applicant's Signature	Date	Joint Applicant's Signature	Date
FINANCIAL INSTITUTION USE ONLY *CIRCLE ONE			
Chexsystems Verification: see attached <input type="checkbox"/>		OFAC Verification: see attached <input type="checkbox"/>	
Type of Deposit*: Check Cash Other	Deposit Amount: \$		
Employee*: BAM Main Office South Branch North Branch	Twig Hallsville Branch		
Link Accounts, if applicable <input type="checkbox"/> see attached	Approved by Officer		