

**Citizens State Bank
DEPOSIT ACCOUNT APPLICATION**

Attention: Fill out the form on your computer then print it. Sign the bottom of the form and then bring the form to the most convenient location provided below.

Verification of ID is required.

Please bring both parties' drivers licenses and Social Cards so we can obtain a copy of each. **Note:** Please contact Citizens State Bank for alternative Identification documentation.

Citizens State Bank 1330 W. Commerce Street Buffalo, Texas 75831 Ph (903) 322-4256 Fax: (903) 322-3384	Citizens State Bank Centerville Branch 230 South Commerce Centerville, Texas 75833 Ph (903) 536 5601 Fax (903) 536 5302	Citizens State Bank Itasca Branch 201 E. Main Itasca, Texas Ph (254) 687 2305 Fax (254) 687 2755	Citizens State Bank Whitney Branch 303 S. Bosque Whitney, Texas 76692 Ph (254) 694 4477 Fax (254) 694 5588
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TYPE OF ACCOUNT

Checking	Savings	Money Market	NOW
CD	PI	IRA	

OWNERSHIP INFORMATION

Individual	Joint/Survivorship
Joint/No Survivorship	Revocable Trust/Pay-On-Death

FIRST NAME _____ LAST NAME _____ MI _____

EMAIL _____ SOCIAL SECURITY # _____

DRIVERS LICENSE # _____ DATE OF BIRTH _____

BIRTHPLACE _____ ARE YOU A US CITIZEN? Yes No

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____ - _____

HOME PHONE _____ CELL PHONE _____

NEAREST RELATIVE NOT LIVING WITH YOU _____

RELATIONSHIP _____ PHONE NUMBER _____

ADDRESS _____

EMPLOYER _____ PHONE NUMBER _____

EMPLOYER ADDRESS _____

JOINT ACCOUNT OWNER INFORMATION

(Please fill out this section if you selected joint account ownership.)

FIRST NAME _____ LAST NAME _____ MI _____

EMAIL _____ SOCIAL SECURITY # _____

DRIVERS LICENSE # _____ DATE OF BIRTH _____

BIRTHPLACE _____ ARE YOU A US CITIZEN? Yes No

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____ - _____

HOME PHONE _____ CELL PHONE _____

NEAREST RELATIVE NOT LIVING WITH YOU _____

RELATIONSHIP _____ PHONE NUMBER _____

ADDRESS _____

EMPLOYER _____ PHONE NUMBER _____

EMPLOYER ADDRESS _____

DEPOSIT INFORMATION

INITIAL DEPOSIT AMOUNT _____ INITIAL DEPOSIT TYPE _____

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit account and employment history and/or have a credit reporting agency prepare a credit report on me. I also authorize you to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

X _____
First Account Holder's Signature

X _____
Second Account Holder's Signature