

**Fayetteville 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 Fayetteville Bank for alternative Identification documentation.

Fayetteville Bank  
123 North Washington  
PO Box 9  
Fayetteville, TX 78940  
Ph: (979) 378-4261  
Fax: (979) 378-2934

Fayetteville Bank  
200 North Kessler  
PO Box 52  
Schulenburg, TX 78956  
Ph: (979) 743-4576  
Fax: (979) 968-2066

**TYPE OF ACCOUNT**

Checking	Savings	Money Market	NOW
CD	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**