

Personal Account Application



Bank Use:	Date: _____		Acct. Number: _____		Dep. Amount: \$ _____	
	<input type="checkbox"/> Frontier	<input type="checkbox"/> Golden Spur	<input type="checkbox"/> MMA	<input type="checkbox"/> TUTMA	<input type="checkbox"/> Spur	<input type="checkbox"/> Now Checking
	<input type="checkbox"/> Reg. Savings	<input type="checkbox"/> CD/IRA	Rate: _____		Term: _____	

Owner Information:

Name:		Social Security Number:			
Date of Birth:		City of Birth:		Mother's Maiden Name:	
ID Number (driver license, matricula, etc...):		State:	Issue Date:		Expiration Date:
Physical Address:		City:		State:	Zip:
Mailing Address:		City:		State:	Zip:
Home Phone:		Cell Phone:		Work Phone:	
Employer:			Profession:		
Email Address:					

Co-Owner Other: _____

Name:		Social Security Number:			
Date of Birth:		City of Birth:		Mother's Maiden Name:	
ID Number (driver license, matricula, etc...):		State:	Issue Date:		Expiration Date:
Physical Address:		City:		State:	Zip:
Mailing Address:		City:		State:	Zip:
Home Phone:		Cell Phone:		Work Phone:	
Employer:			Profession:		
Email Address:					

Beneficiary (optional)

Name:		Relation to owner(s):			
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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. What this means to you: when you open an account, we will ask for your name, address, date of birth, and other information that will allows us to identify you. We may ask to see your driver's license or other identifying documents. I hereby certify that the above information is correct and clearly understand that any false statement may result in the termination of this account relationship. I authorize Frontier Bank of Texas to obtain any credit information required concerning this application and I agree that this application shall remain their property, whether this account is granted or declined.

Owner Signature:				Date:	
Co-owner/Other Signature:				Date:	

Debit Card Use (if applicable):

Owner: _____

Co-Owner: _____

(Choose one)

(Choose one)

- Yes I would like a debit card
- No I would NOT like a debit card

- Yes I would like a debit card
- No I would NOT like a debit card

I would like debit card access to the following:
(Choose all that apply)

I would like debit card access to the following:
(Choose all that apply)

- Checking
- Savings
- Money Market

- Checking
- Savings
- Money Market

Daily debit card usage limits are \$1500.00 point-of-sale at any one or combination of merchants
and
\$500.00 withdrawn at any one or combination of ATMs.

Account services (if applicable):

I am interested in the following services for my account:
(Choose all that apply)

- Online Banking
- Bill Pay
- Phone Banking
- Automatic Transfer between accounts

- Wire Transfer
- Checks (Singles or Duplicates)
- Direct Deposit
- Cash Deposits
(Estimated daily dollar amount:
\$_____)

Purpose of this account: _____

How did you hear about us?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Director | <input type="checkbox"/> Newspaper Ad |
| <input type="checkbox"/> Organizer | <input type="checkbox"/> Billboard |
| <input type="checkbox"/> Shareholder | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Bank Employee | <input type="checkbox"/> School Ad |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other |

Thank you for choosing Frontier Bank!
Visit us at www.frontierbankoftexas.bank
or find us on Facebook!