

Schwertner State Bank

New Account Application with FundsXpress Enrollment Form

To open a Schwertner State Bank FundsXpress package, please print this application now using the print option or icon on your browser. **Complete and sign the application and mail it with a copy of your drivers license, copy of social security card and a check for your opening deposit to:** FundsXpress Department, Schwertner State Bank, P.O. Box 25, Schwertner, Texas 76573. We will send you a new account package upon receipt of your application.

Primary Account Holder

Full Name:

Last: _____

First: _____

Middle: _____

Street Address:

Street: _____

City: _____

State: _____ Zip: _____

Mailing Address: (if different)

Street: _____

City: _____

State: _____ Zip: _____

Social Security Number:

Date of Birth: _____

Joint Account Holder

Full Name:

Last: _____

First: _____

Middle: _____

Street Address:

Street: _____

City: _____

State: _____ Zip: _____

Mailing Address: (if different)

Street: _____

City: _____

State: _____ Zip: _____

Social Security Number:

Date of Birth: _____

Drivers License Number: _____
State Issued: _____

Drivers License Number: _____
State Issued: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Employer: _____

Employer: _____

Mother's Maiden Name: _____

Mother's Maiden Name: _____

Email Address: _____

Email Address: _____

All new accounts are subject to verification through CheckSystems before opening.

I would like to open a

- Regular Checking Account
- Prestige Checking Account

and I have enclosed my check for an opening deposit of \$ _____ (minimum of \$100.00 is required to open a new account, make check payable to Schwertner State Bank).

I have also enclosed deposits to open a:

- \$ _____ Savings Account (minimum opening deposit of \$50.00)
- \$ _____ Money Market Account (minimum opening deposit of \$2500.00)
- \$ _____ Interest Earning (N.O.W.) Checking Account (minimum opening deposit of \$1000.00)

ATM Card

- Please send me an application for the Schwertner State Bank ATM Card.

NOTICE: The type of account you select may determine how property passes on your death. Your will may not control the disposition of funds held in some of the following accounts. Please check the type of account you want.

() Single-Party Account Without P.O.D. (Payable On Death) Designation.

The party to the account owns the account. On the death of the party, ownership of the account passes as a part of the party's estate under the party's will or by intestacy.

() Single-Party Account With P.O.D. (Payable On Death) Designation.

The party to the account owns the account. On the death of the party, ownership of the account passes to the P.O.D. beneficiaries of the account. The account is not part of the party's estate.

NAME OF BENEFICIARY _____

Social Security Number: _____ **Date of Birth:** _____

() Multiple-Party Account Without Right of Survivorship.

The parties to the account owns the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to either party at any time. On the death of a party, the account party's ownership of the account passes as part of the party's estate under the party's will or by intestacy.

() Multiple-Party Account With Right of Survivorship.

The parties to the account owns the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to either party at any time. On the death of a party, the party's ownership of the account passes to the surviving parties.

() Multiple-Party Account With Right of Survivorship and P.O.D. (Payable On Death) Designation.

The parties to the account owns the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to either party at any time. On the death of the last surviving party, the ownership of the account passes to the P.O. D. beneficiaries.

NAME OF BENEFICIARY _____

Social Security Number: _____ **Date of Birth:** _____

I authorize the bank to obtain credit or other information about me which the bank may consider necessary to evaluate this application.

Certification

Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number (Social Security Number), and **(check one)**:

- I am not subject to backup withholding either because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- I have been notified that I am subject to backup withholding. (The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding).

Signature Date

Signature Date

(primary account holder)

(joint account holder) ***For joint account, all Joint owners must sign**

FOR BANK USE ONLY		
Ckg. Acct. # _____	Sav. Acct. # _____	MM Sav.Acct. # _____