



To open a Checking, Savings, Money Market, or Certificate of Deposit

Account Title / Name of Trust (if applicable)					

Account Owner			Account Owner		
First Name	Middle	Last	First Name	Middle	Last
SSN/TIN		DOB (mm/dd/yyyy)	SSN/TIN		DOB (mm/dd/yyyy)
Physical Address (No P.O. Box Address)			Physical Address (No P.O. Box Address)		
Mailing Address (if different than physical address)			Mailing Address (if different than physical address)		
Birth City, State and Country			Birth City, State and Country		
Cell and Home Number			Cell and Home Number		
Email Address (required if requesting online account access)			Email Address (required if requesting online account access)		

Identification			
Identification (Government issued driver's license, State ID, or Passport)			
Issuer	Type	Number	Issue/Expiration Date

Employment / Occupation			
Employer Name			
Work Phone Number/Extension	Job Title / Occupation		

Beneficiary Designation(s) <small>I hereby make the following designation of beneficiary pursuant to the provisions of my above referenced accounts.</small>			
Beneficiary Name 1	Social Security No.	Date of Birth	Relationship
Beneficiary Name 2	Social Security No.	Date of Birth	Relationship

Type of Account (Select the type of account(s) you wish to open)			
<input type="checkbox"/> Debit Card Account	<input type="checkbox"/> TRB Interest Checking	<input type="checkbox"/> Money Market	<input type="checkbox"/> Certificate of Deposit
<input type="checkbox"/> TRB Personal Checking	<input type="checkbox"/> Texas Freedom Club	<input type="checkbox"/> Savings	<input type="checkbox"/> _____

Additional Services	
<input type="checkbox"/> ATM/Debit Card	<input type="checkbox"/> Online Banking

Signatures <small>(Required)</small>	
Each of the undersigned Applicant(s) identified hereby agrees and certifies that all the information on this Application is true and correct to the best of his/her knowledge and authorizes the Bank to investigate and verify the employment and credit history of each of the undersigned Applicant(s), and to obtain such credit reports as the Bank deems necessary. Each of the undersigned also authorizes the release of any personal information by any federal, state or local agencies, as well as by other Banks, creditors, or employers requested by the Bank. NOTE: Verification of Identification and Signatures will be required before account can be opened. We will ask for other information that will allow us to identify you.	
X _____ Applicant	_____ Date
X _____ Co-Applicant	_____ Date