

**FBT Bank & Mortgage  
NEW ACCOUNT APPLICATION AND INFORMATION REQUEST FORM**

**\*\*IMPORTANT NOTICE\*\***

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 that means to you:** When you open an account, we will ask for your name, address, date of birth, driver's license, social security card and other information that will allow us to identify you. Thank you for your cooperation.

- **Type of account applying for:**  Checking  Savings  Certificate of Deposit  
 Safe Deposit Box  IRA
- **Purpose of account:**  Consumer  Business

**OWNERSHIP OF ACCOUNT**

- Individual  Joint-with survivorship  Trust or estate account  Sole Proprietorship
- Partnership  Limited Liability Company  Corporation  For Profit  Not for Profit
- Other \_\_\_\_\_

**\*\*Joint applicant information below.**

**INDIVIDUAL APPLICANT INFORMATION**

\*Tax ID# \_\_\_\_\_ Type € SS € EIN

\*Name (First, Middle & Last) \_\_\_\_\_

\*Physical Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Have you lived in Arkansas for the past five years? \_\_\_\_\_ If no, what state \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_ DL or ID# \_\_\_\_\_

State Issued \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ How long? \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Previous Bank & Address \_\_\_\_\_

Name of nearest relative not living with you \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

I do not wish to receive an Electronic Bank Statement (E-Statement). You may change this selection at anytime by notifying us prior to statement date.

E-mail address for E-Statement (if different from above) \_\_\_\_\_

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, as an individual. 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.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**BANK USE ONLY**

***\*THIS INFORMATION AND THE ABOVE INFO WITH ASTERIKS IS REQUIRED CIP INFORMATION***

- PRIMARY ID TYPE \_\_\_\_\_ ID# \_\_\_\_\_ EXP. DATE \_\_\_\_\_
- SECONDARY ID TYPE \_\_\_\_\_ ID# \_\_\_\_\_ EXP. DATE \_\_\_\_\_
- NON DOCUMENTARY 1 \_\_\_\_\_
- NON DOCUMENTARY 2 \_\_\_\_\_

- Tickler  Chexsystems  OFAC  CIP  CRA  Maintenance Head of Household

**JOINT APPLICANT INFORMATION**

\*Tax ID# \_\_\_\_\_ Type € SS € EIN

\*Name (First, Middle & Last) \_\_\_\_\_

\*Physical Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Have you lived in Arkansas for the past five years? \_\_\_\_\_ If no, what state \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_ DL or ID# \_\_\_\_\_

State Issued \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ How long? \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Previous Bank & Address \_\_\_\_\_

Name of nearest relative not living with you \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

**MINOR AUTHORIZATION**

*I, \_\_\_\_\_, certify that my relationship to the above mentioned minor is as follows: \_\_\_\_\_.*

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, as an individual. 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.

Joint Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**BANK USE ONLY**

***\*THIS INFORMATION AND THE ABOVE INFO WITH ASTERIKS IS REQUIRED CIP INFORMATION***

- PRIMARY ID TYPE \_\_\_\_\_ ID# \_\_\_\_\_ EXP. DATE \_\_\_\_\_
- SECONDARY ID TYPE \_\_\_\_\_ ID# \_\_\_\_\_ EXP. DATE \_\_\_\_\_
- NON DOCUMENTARY 1 \_\_\_\_\_
- NON DOCUMENTARY 2 \_\_\_\_\_

Tickler     Chexsystems     OFAC     CIP     CRA     Maintenance Head of Household