



NEW ACCOUNT APPLICATION – PERSONAL

Type of Account Checking Savings Money Market CD/IRA Other _____
Other Services Debit Card Internet/Mobile Banking Bill Pay Other _____

Applicant Information					
Name					
Physical Address			Mailing Address (if different)		
Social Security Number		Date of Birth		DL / ID Number & Issuer	
Non-U.S. Person – Passport, Non-Resident ID Card, Other		Home Phone		Cell / Other Phone	
Current Employer		Address		Position / Occupation	
Email Address			Name & Phone Number of Nearest Relative Not Living With You		
Anticipated Account Activity:					
Source of Deposits (check all that apply): <input type="checkbox"/> Cash <input type="checkbox"/> Checks <input type="checkbox"/> ACH (electronic) <input type="checkbox"/> Wires <input type="checkbox"/> Other _____					
Deposits: <input type="checkbox"/> None <input type="checkbox"/> 1-5 per month <input type="checkbox"/> 6-10 per month <input type="checkbox"/> 11-15 per month <input type="checkbox"/> 16+ per month					
Checks / Withdrawals: <input type="checkbox"/> None <input type="checkbox"/> 1-5 per month <input type="checkbox"/> 6-10 per month <input type="checkbox"/> 11-15 per month <input type="checkbox"/> 16+ per month					
Debit Card Transactions: <input type="checkbox"/> None <input type="checkbox"/> 1-5 per month <input type="checkbox"/> 6-10 per month <input type="checkbox"/> 11-15 per month <input type="checkbox"/> 16+ per month					
Wire Transfers: <input type="checkbox"/> None <input type="checkbox"/> 1-5 per month <input type="checkbox"/> 6-10 per month <input type="checkbox"/> 11-15 per month <input type="checkbox"/> 16+ per month					

Joint Applicant Information					
Name					
Physical Address			Mailing Address (if different)		
Social Security Number		Date of Birth		DL / ID Number & Issuer	
Non-U.S. Person – Passport, Non-Resident ID Card, Other		Home Phone		Cell / Other Phone	
Current Employer		Address		Position / Occupation	
Email Address			Name & Phone Number of Nearest Relative Not Living With You		

Beneficiary Information (if any)		
Name	Social Security Number	Date of Birth
Name	Social Security Number	Date of Birth
Name	Social Security Number	Date of Birth

I authorize Muenster State Bank to verify all information provided, and to obtain additional information regarding my personal financial history from a check database agency, consumer reporting agency, the Secretary of State, publicly available information resources, or former employers. I agree to inform Muenster State Bank any time my information changes (i.e. change of address, phone number, etc). In the event that I neglect to provide the most current personal information, I authorize Muenster State Bank to contact my nearest living relative listed above to locate my whereabouts. I understand that this information will only be used in conjunction with Muenster State Bank products and services requested by me, and that it will remain in force for the duration of my relationship. I certify that the information provided by me is true and correct to the best of my belief.

Applicant Signature

Date