



FIRST AMERICAN
 STATE BANK
MEMBERS FDIC

PERSONAL ACCOUNT INFORMATION

Welcome to First American State Bank. Please check the services in which you are interested:

Checking ___ CD ___ Savings ___ NOW ___ Money Market ___
 Max Sweep ___ Safe Cash ___ Debit Card/ATM ___ Overdraft Protection ___

Name _____ Phone _____
 Address _____ City _____
 State _____ Zip Code _____ DOB _____ Social Security # _____
 Drivers License # _____ Employer Name & Phone _____
 Email Address _____

CO-APPLICANT

Name _____ Phone _____
 Address _____ City _____
 State _____ Zip Code _____ DOB _____ Social Security # _____
 Drivers License # _____ Employer Name & Phone _____
 Email Address _____

BUSINESS ACCOUNT INFORMATION

Corporation ___ Sole Proprietor ___ Non-Profit Corp ___ Partnership ___ LLC ___
 Non-Profit Assoc ___ Trust ___ Public Entity ___

Business Name _____ Address _____
 City _____ State _____ Zip Code _____ Phone _____
 Type of Business _____ Tax ID # _____

SIGNATURE(S) AND AUTHORIZATION

First American State Bank is hereby authorized to verify credit and employment history of the undersigned applicants, and may further verify this information in my individual capacity if applicant is a business:

Number of Signers _____

	NAME	TITLE	SIGNATURE	SS#
1:	_____	_____	_____	_____
2:	_____	_____	_____	_____
3:	_____	_____	_____	_____
4:	_____	_____	_____	_____