



Contact Information:
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New Account Application

Account Type _____

Card Style 1

Card Style 2

Name: _____ **Relationship to owner 1:** _____
 (Owner1) (Owner 2)

Street Address: (Required) _____ Mailing Address: _____

City, State, Zip Code _____ City, State, Zip code _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Social Security Number: _____ Social Security Number: _____

Date of Birth: _____ Date of Birth: _____

Driver's License #: _____ Driver's License #: _____

State: _____ State: _____

E-mail Address: _____ E-mail Address: _____

Employer: _____ **Employer:** _____

Occupation: _____ Occupation: _____

Optional Beneficiary Information: Please fill out as much information as you can if you want a Payable on Death (POD) beneficiary for your account.

Name: _____ Date of Birth: _____ Driver's License # _____
 Address: _____

Social Security # _____

Relationship to Owners: _____

 Signature of Owner 1 Date

 Signature of Owner 2 Date

Copy of VALID State issued DL & Soc Sec. Card, ID, US Passport, or Military ID
Copy of VALID Social Security Card if a MINOR

By submitting this application, the applicant(s) represent that all the informaiton in this application are true and correct. I/we authorize you to obtain any information about me that you believe necessary to evaluate this application, including consumer reports from consumer reporting agencies.

***** IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT *****

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 this means for you: When you open an account, we ask for your name, address, date of birth, and other informaiton that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Opened By: _____

Date: _____