KARNES COUNTY NATIONAL BANK
NEW ACCOUNT CUSTOMER APPLICATION

☐ CHECKING ☐ SAVINGS ☐ CD ☐ IRA ☐ SDB

DATE:_____ ACCT.#_____ NEW_____ REOPENED_____

DEPOST AMOUNT_____ CASH/CK_____

(PRIMARY) U.S. CITIZEN_____

NAME_____ SOC SEC#_____ CERT_____

(PRINT) FIRST MIDDLE LAST DL/ID#_____ STATE_____

HM#_____ CELL#_____ DOB_____

OTHER IDENTIFICATION:_____

PREVIOUS/CURRENT BANK_____

OCCUPATION_____ WK#_____

EMPLOYER NAME/ADDRESS_____

(SECONDARY) U.S. CITIZEN_____

NAME_____ SOC SEC#_____ CERT_____

(PRINT) FIRST MIDDLE LAST DL/ID#_____ STATE_____

HM#_____ CELL#_____ DOB_____

OTHER IDENTIFICATION:_____

PREVIOUS/CURRENT BANK_____

OCCUPATION_____ WK#_____

EMPLOYER NAME/ADDRESS_____

ADDRESS:

_____

_____

PREVIOUS ADRESS:
(IF AT CURRENT LESS THAN 2 YRS)

_____

_____

STATEMENTS TO BE MAILED TO: (IF DIFFERENT FROM ABOVE)

_____

_____

DEBIT CARD_____

CHECKS_____

NAME OR NAMES OF BENEFICIARIES: (NEED A COPY OF THEIR SOCIAL SECURITY CARD)

_____

_____

SAFE DEPOSIT BOX BILLING INFORMATION - CHARGE TO CHECKING OR SAVINGS OR MAIL TO THE ADDRESS BELOW:

_____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE

_____ _____

PRIMARY APPL SIGNATURE DATE JOINT APPL SIGNATURE DATE