



Personal Account Questionnaire

Section 1: Customer Information

Valid government ID required for each owner.

☐ Individual Account or ☐ Joint Account If yes, how many total owners? _____

Owner 1:

☐ New Customer ☐ Existing Customer

Name

Social Security Number

Address (If different than ID, provide additional document.)

City State Zip

Phone Number

Email Address

Are you a U.S. Citizen?

Date of Birth ☐ Yes ☐ No

Are you, or is anyone you are related to, a Politically Exposed Person? ☐ Yes ☐ No

ID Number ID State

ID Issue Date ID Expiration Date

Occupation Employer

Are you interested in adding any beneficiaries to this account? ☐ Yes ☐ No
If yes, please complete the information below for each one.

Beneficiary 1:

Name DOB

Address SSN

Beneficiary 3:

Name DOB

Address SSN

Owner 2:

☐ New Customer ☐ Existing Customer

Name

Social Security Number

Address (If different than ID, provide additional document.)

City State Zip

Phone Number

Email Address

Are you a U.S. Citizen?

Date of Birth ☐ Yes ☐ No

Are you, or is anyone you are related to, a Politically Exposed Person? ☐ Yes ☐ No

ID Number ID State

ID Issue Date ID Expiration Date

Occupation Employer

Beneficiary 2:

Name DOB

Address SSN

Beneficiary 4:

Name DOB

Address SSN

**Personal Account Questionnaire****Section 2: Security Information**

Select 3 security questions from the list below and provide your answers.

For more than one account owner, please use a new sheet for each owner.

Never share your security questions and answers.

Customer Name: _____

Favorite movie? _____

Favorite hobby? _____

Name of your first stuffed animal? _____

Country of your dream vacation? _____

Biggest pet peeve? _____

Where were you when 9/11 happened? _____

Favorite character in a book? _____

Favorite vegetable? _____

Least favorite food as a child? _____

Least favorite teacher? _____

Name of first employer? _____

Childhood phone number? _____


Personal Account Questionnaire
Section 3: Product Information

What products might you be interested in today?

- | | |
|---|--|
| <input type="checkbox"/> First Checking Account | <input type="checkbox"/> Debit Card |
| <input type="checkbox"/> First Reward Checking Account | <input type="checkbox"/> Online Banking / Mobile App |
| <input type="checkbox"/> First Patriot Checking Account | |
| <input type="checkbox"/> First Savings | <input type="checkbox"/> Information about Loans |
| <input type="checkbox"/> First Money Market | |
| <input type="checkbox"/> CD | |
| <input type="checkbox"/> IRA | |

Do you intend to send or receive money via foreign wire transfers on this account?

- ☐ Yes ☐ No

Do you intend to send or receive money via domestic wire transfers on this account?

- ☐ Yes ☐ No

Do you intend to deposit cash amounts over \$20,000 into this account?

- ☐ Yes ☐ No

If you have requested a debit card, please complete the section below regarding Overdraft Practices.

We do authorize and pay overdrafts for the following types of transactions: Checks and other transactions made using your checking account number. Automatic bill payments.

We do not authorize and pay overdrafts for the following types of transactions unless you ask us to: ATM Transactions. Everyday debit card transactions.

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction. If we do not authorize and pay an overdraft, your transaction will be declined.

We will charge you a fee of up to \$30 for each item/transaction we pay that causes an overdraft. There is no limit on the total fees we can charge you for overdrawing your account. Previously returned items resubmitted for deposit.

- ☐ I do not want First National Bank and Trust Company of Weatherford DBA First Bank Texas to authorize and pay overdrafts on my ATM and everyday debit card transactions.
- ☐ I want First National Bank and Trust Company of Weatherford DBA First Bank Texas to authorize and pay overdrafts on my ATM and everyday debit card transactions. I understand that I will be charged a \$30 fee for each item/transaction paid that causes an overdraft.

Printed Name

Signature

Date

**Personal Account Questionnaire****Section 4: Establish Direct Deposit**

Setting up your direct deposit is simple with First Bank Texas!

After your account has been established, provide this form to your local banker, and we will fill in the information you need to provide to your employer to set up direct deposit.

Company Information:

Company Name

Company Address

City

State

Zip

Please complete the following:

☐ Establish new direct deposit

☐ Change full direct deposit to First Bank Texas

☐ Split my paycheck and place either the listed % or \$ amount to First Bank Texas as listed below:

_____ % or \$ _____.

Employee Information:

Name

Address

City

State

Zip

First Bank Texas Information:

First National Bank and Trust Company of Weatherford dba First Bank Texas

100 Willow Bend Dr. Willow Park, Texas 76008

Routing Number: _____ 111901988

Account Number: _____

Authorization:

I hereby authorize _____ (Company) to initiate credit entries to transfer funds to my account as indicated above at First Bank Texas. I agree that ACH transactions authorized herein shall comply with all applicable law. This authorization shall remain in full force and effect until Company has received notification from me of its termination.

Printed Name

Signature

Date



Personal Account Questionnaire

Section 5: Transfer Automatic Payments

Switching your bank account to First Bank Texas is a great step toward better managing your finances. Utilize this page to list all of your bills, subscriptions, and automatic payments tied to your old account.

This will help ensure a smooth transition by making it easy to update your payment information and avoid a missed payment. Take a few minutes to review your past statements and jot everything down here - you'll be glad you did!

Bill/Company Name	Amount	Frequency
#1 _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weekly
#2 _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weekly
#3 _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weekly
#4 _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weekly
#5 _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weekly
#6 _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weekly
#7 _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weekly
#8 _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weekly
#9 _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weekly
#10 _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weekly
#11 _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weekly
#12 _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weekly
#13 _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weekly
#14 _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weekly
#15 _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weekly


Personal Account Questionnaire
Section 5: Transfer Automatic Payments

I would like to...

☐ Establish a new automatic payment

☐ Update a current automatic payment

Personal Information:

Name

Address

City

State

Zip

Payment Information:

Company Name (Payee)

(Optional) This bill is for...

Account Number

City

State

Zip

☐ **Debit my First Bank Texas Account:**

Routing Number: 111901988

Account Number: _____

☐ **Debit my First Bank Texas Debit Card:**

Card #: _____

Expiration: _____

CVC: _____

Authorization:

I hereby authorize _____ (Payee) to initiate debit entries to make payments to my account as indicated above from First Bank Texas. I agree that ACH transactions authorized herein shall comply with all applicable law. This authorization shall remain in full force and effect until Payee (Company) has received notification from me of its termination.

Printed Name

Signature

Date