

# TEXAS REPUBLIC BANK

## CONSUMER DEPOSIT ACCOUNT APPLICATION

ACCOUNT NAME: \_\_\_\_\_  
 ACCOUNT ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ Star Checking    \_\_\_\_\_ Shooting Star Checking    \_\_\_\_\_ Gold Star Savings    \_\_\_\_\_ Gold Star Money Market    \_\_\_\_\_ CD

### ACCOUNT HOLDER INFORMATION

LEGAL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 PHYSICAL ADDRESS \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_  
 DL NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ ISSUE: \_\_\_\_\_ EXP: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_ US CITIZEN:    YES: \_\_\_\_\_ NO: \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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LEGAL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 PHYSICAL ADDRESS \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
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 EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_ US CITIZEN:    YES: \_\_\_\_\_ NO: \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### \*MONTHLY ANTICIPATED ACCOUNT ACTIVITY\*

Average Balance: \$0-\$5,000	\$5,001-\$25,000	\$25,0001-\$100,000	\$100,000+
# of Check Deposits: 0-4 5-9 10+ Average Amount \$	# of Check Withdrawals: 0-4 5-9 10+ Average Amount \$		
# of Cash Deposits: 0-4 5-9 10+ Average Amount \$	# of Cash Withdrawals: 0-4 5-9 10+ Average Amount \$		

### BANK USE ONLY

CUSTOMER # \_\_\_\_\_ ACCT # \_\_\_\_\_ BR # \_\_\_\_\_ TRB REP: \_\_\_\_\_ OFFICER: \_\_\_\_\_  
 OPENING DEPOSIT: \_\_\_\_\_ SOURCE OF FUNDS: \_\_\_\_\_ OPENING PROCESS: \_\_\_\_\_  
 PREVIOUS BANK: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_ RISK RATING: \_\_\_\_\_  
 NEW CUSTOMER: \_\_\_ YES \_\_\_ NO    EXISTING RELATIONSHIP: \_\_\_ YES \_\_\_ NO    RELATED ACCTS: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

CUSTOMER # \_\_\_\_\_ ACCT # \_\_\_\_\_

**BENEFICIARY INFORMATION:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**BENEFICIARY INFORMATION:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**SECURITY QUESTIONS (Please choose a minimum of 3 questions)**

1. What is your mother's maiden name? \_\_\_\_\_
2. What is your favorite pet's name? \_\_\_\_\_
3. Where is your birthplace? \_\_\_\_\_
4. What street did you grow up on? \_\_\_\_\_
5. Who was your best friend in high school? \_\_\_\_\_

**REPLACEMENT QUESTIONS/ANSWERS**

QUESTION: \_\_\_\_\_

ANSWER: \_\_\_\_\_

QUESTION: \_\_\_\_\_

ANSWER: \_\_\_\_\_

QUESTION: \_\_\_\_\_

ANSWER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_