



600 NW 5th • Moore, OK 73160
(405) 794-5511

NEW ACCOUNT APPLICATION PERSONAL

DATE: _____

CUSTOMER:

- New
- Verified OFAC
- Present

CHECKING _____

CD _____

SAFE DEPOSIT BOX _____

SAVINGS _____

TERM _____

BOX NUMBER _____

RATE _____

SIZE _____

PMT METHOD _____

FOR PERSONAL ACCOUNTS

ACCOUNT TITLE _____

STREET ADDRESS _____

CITY STATE ZIP

MAILING ADDRESS _____

CITY STATE ZIP

P.O.D. Beneficiary Name _____ Relationship _____ **Circle One:** Type: Primary or Contingent

P.O.D. Beneficiary Name _____ Relationship _____ Type: Primary or Contingent

P.O.D. Beneficiary Name _____ Relationship _____ Type: Primary or Contingent

INDIVIDUAL SIGNER:

JOINT OWNER

AUTHORIZED SIGNER

NAME _____

ADDRESS _____

CITY STATE ZIP

PHONE _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____

IDENTIFICATION

TYPE STATE NUMBER

EMPLOYER _____ POSITION _____

ADDRESS _____

CITY STATE ZIP

PHONE _____

WHAT COUNTRY IS THE ABOVE PERSON A CITIZEN? U.S. OTHER (Please state country): _____

INDIVIDUAL SIGNER:

JOINT OWNER

AUTHORIZED SIGNER

NAME _____

ADDRESS _____

CITY STATE ZIP

PHONE _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____

IDENTIFICATION

TYPE STATE NUMBER

EMPLOYER _____ POSITION _____

ADDRESS _____

CITY STATE ZIP

PHONE _____

WHAT COUNTRY IS THE ABOVE PERSON A CITIZEN? U.S. OTHER (Please state country): _____

ARE ANY OF THE ABOVE PERSONS CONSIDERED A POLITICALLY EXPOSED PERSON*? YES NO

IF YES, PLEASE INDICATE WHO: _____

*A "POLITICALLY EXPOSED PERSON" IS DEFINED AS BEING IDENTIFIED AS A SENIOR FOREIGN POLITICAL FIGURE OR ANY MEMBER OF HIS OR HER IMMEDIATE FAMILY OR A CLOSE BUSINESS ASSOCIATE.

PLEASE NOTE: A CREDIT INQUIRY WILL BE MADE BEFORE YOUR ACCOUNT WILL BE OPENED. BY COMPLETION OF THIS APPLICATION YOU GRANT EXCHANGE NATIONAL BANK THE RIGHT TO INQUIRE INTO YOUR CREDIT HISTORY AND CREDIT RECORDS.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF APPLICANT _____ DATE _____

FOR INTERNAL USE ONLY

PRODUCT NAME _____ TIME _____ OPENED BY _____ INITIAL DEPOSIT \$ _____ CASH \$ _____
 PRESENT NEW MONEY

NOTE: Attach OFAC Module Print Out for each new customer.

ACCOUNT VERIFICATION: _____

CHECK ORDER: YES NO CHECK DESIGN: _____ REFERRAL _____

NOTES: _____

OTHER ACCOUNTS OFFERED:

DDA SAVINGS CD CK CARD ATM CARD SD BOX ODP LOAN MISC _____

PORTFOLIO # _____ INPUT _____ DATE _____

VERIFIED _____ DATE _____