

First National Bank and Trust Company

Corporate Office 1100 E Main PO Box 311 Weatherford, OK 73096 (580) 772-5574	Cordell Branch 120 S. Market PO Box 570 Cordell, OK 73632 (580) 832-3352	Hinton Branch 1107 N. Broadway PO Box 981 Hinton, OK 73047 (405) 542-3925	Morrison Branch 301 Woolsey Ave. PO Box 177 Morrison, OK 73061 (580) 724-3589	Stillwater East Branch 525 S. Jardot Stillwater, OK 74074 (405) 533-3737	Stillwater West Branch 4611 W. 6th St. Stillwater, OK 74074 (405) 533-3737
---	---	--	--	--	--

CUSTOMER INFORMATION SHEET

New Customer ____ Existing Customer ____ SWOSU Student ____ Account # _____
Port # _____

Name on Social Security Card Date of Birth Social Security Number DATE

Name on Account

Street Address Apt. # City, State Zip Home Phone Years There?

Mailing Address, if Different City, State Zip US Citizen?

Drivers License # State Expiration Date Previous Bank

Employer Position/Type of Business Self-Employed Occupation

Business Address City, State Zip Business Phone Years There?

Nearest Relative (Not Living With You) Relative's Address Relationship Relatives Phone #

JOINT APPLICANT INFORMATION

Name on Social Security Card Date of Birth Social Security Number

Street Address Apt. # City, State Zip Home Phone Years There?

Drivers License # State Expiration Date US Citizen?

Employer Position/Type of Business Self-Employed Occupation

Business Address City, State Zip Business Phone Years There?

COMPLETE THIS SECTION AS AN APPLICATION FOR OTHER BANK PRODUCTS

CHECK Card First Money Line RediFund

Applicant Annual Salary Other Income Source(s) of Other Income Previous Employer How Long?

Joint Applicant Annual Salary Other Income Source of Other Income Previous Employer How Long?

Own Rent Live With Relatives Monthly Payments

By signing below, I authorize the user to obtain and release credit information in connection with this application and to any credit granted, and acknowledge that I have received and read all required disclosures.

This application is SUBJECT TO CREDIT APPROVAL.

PRIMARY APPLICANT SIGNATURE, DATE

JOINT APPLICANT SIGNATURE, DATE

FirstNET INTERNET BANKING INFORMATION

Full Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Social Security Number _____

Security Question? _____

Security Answer _____

Email Address _____

List of ALL Accounts you want to access over the Internet _____

User Name: _____ Password _____

Must be at least 6 characters (CASE SENSITIVE) Min 6 characters, 4 Alpha and 2 Numeric (CASE SENSITIVE)

Do you wish to have Bill Pay as an option with Internet Banking? _____

PRIMARY APPLICANT SIGNATURE, DATE

JOINT APPLICANT SIGNATURE, DATE

FOR BANK USE ONLY

We must see and copy at least one document listed below to verify identity and it must be current with photo identification:

- State Driver's license
- State I.D. card
- Passport
- Military I.D. Card

If the individual is not a U.S. person, we obtain their individual taxpayer identification number in lieu of a Social Security Number and one or more of the following:

- Passport number and Country of issuance
- Alien identification card number

Information from all customers is subjected to non-documentary verification. At least one of the following will be completed by the end of the second business day following the opening of the account.

- Contact customer by phone
- Contact employer
- Credit Report
- Contact previous bank
- Obtain Financial Statement
- Send Thank You Card