

STEP 1

PERSONAL BANKING NEW ACCOUNT FORM

Switching to PlainsCapital Bank has never been easier. Just fill out this form, print it and bring it with you when you come in to open your new account. Be sure to bring a picture ID for all account signers as well.

Individual Account

Joint Account

Name _____

Name _____

Home Address _____

Home Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Mailing Address (if different) _____

Home Phone _____ Work Phone _____

Home Phone _____ Work Phone _____

Email Address (required for Online Banking access) _____

Email Address (required for Online Banking access) _____

Social Security Number _____

Social Security Number _____

Driver's License Number _____ State _____ Exp. Date _____

Driver's License Number _____ State _____ Exp. Date _____

Date of Birth _____ Place of Birth (City/State) _____

Date of Birth _____ Place of Birth (City/State) _____

Country of Citizenship _____ Occupation _____

Country of Citizenship _____ Occupation _____

Employer _____ Employer Phone _____

Employer _____ Employer Phone _____

Employer Address _____

Employer Address _____

Are you or is anyone you are related to holding any kind of political office, either within the United States or internationally? Yes No

If yes, what office is being held? _____

Please check the products and services you are interested in opening.

Checking Accounts

Saving/Money Market Accounts

Electronic Services

Other Services

- Simply Free Checking
- Select Checking
- Preferred Checking
- Premier Checking
- Golden Checking
- Youth Debit

- Personal Savings
- Youth Savings Program
- Money Market

Certificates of Deposit

- CD
- IRA

- Online Banking
- Bill Pay
- Online Statements
- Mobile Banking
- Text Banking

- Buffalo Rewards Debit Card
- Check Order
- Personal Line of Credit
- Safe Deposit Box (where available)
- Combined Statement
- EZShield ID Theft Protection

STEP 2

Customer Security Questions

Required: What is your mother's maiden name?

Answer _____

Choose one and provide an answer.

What was your childhood nickname?

Answer _____

What was the name of your first pet?

Answer _____

What is your father's middle name?

Answer _____

In what city were you born?

Answer _____

What was your high school mascot?

Answer _____

What is your mother's birth year?

Answer _____

Who was your favorite teacher?

Answer _____

What was your first job?

Answer _____

What is the last name of your first teacher?

Answer _____

What was the make of your first car?

Answer _____

What school did you attend in 6th grade?

Answer _____

What is the middle name of your oldest sibling?

Answer _____

In what city did you meet your spouse/significant other? Answer _____

Customer defined questions

STEP 3

Please Establish My Automatic Payment

To Whom It May Concern:

I would like to establish an automatic payment as instructed below.

Please: Create a New Automatic Payment Change My Current Automatic Payment

Personal Information

Last Name	First Name	Middle Name
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Street Address	City	State	Zip
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Home Phone	Work Phone
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Payment Information

Name of Payee	Account Number with Payee
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Debit My PlainsCapital Bank Account

Routing Number: 111322994

Account Number: _____

Note: Attach a voided check or deposit slip below.

Charge My PlainsCapital Bank Debit Card

Card Number: _____

Expiration Date: _____

Authorization

I authorize _____ (payee) to initiate payments from my PlainsCapital Bank account as indicated above and to make adjustments for any debit made in error if necessary. This authority will remain in effect until I have given written notice to terminate this service.

Signature	Date
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FOR ACCOUNT DEBIT,
ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

When you receive your new checks from PlainsCapital Bank, attach a preprinted voided check or preprinted deposit slip from your new PlainsCapital account to this form before submitting it to the payee for processing.

STEP 4

Please Establish My Direct Deposit

Name of Company Making Direct Deposit

Address

City

State

Zip

To Whom It May Concern:

I would like to establish a direct deposit of my income into my PlainsCapital Bank account as instructed below.

Please: Create A New Direct Deposit Change My Current Direct Deposit

Personal Information

Last Name

First Name

Middle Name

Street Address

City

State

Zip

Home Phone

Work Phone

PlainsCapital Account Information

Bank Name: PlainsCapital Bank

Routing Number: 111322994

Account Number: _____

Authorization

I authorize _____ (company) to make deposits directly to my PlainsCapital Bank account as indicated above and to make any adjustments for credit made in error to my account as necessary. This authority will remain in effect until I have given written notice to terminate this service.

Signature

Date

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

When you receive your new checks from PlainsCapital Bank, attach a preprinted voided check or preprinted deposit slip from your new PlainsCapital account to this form before submitting it to the company for processing.

STEP 5

Please Close My Account

Bank Name

Address

City

State

Zip

To Whom It May Concern:

Effective immediately, please close the following account:

Account Number: _____

Primary Account Owner Name: _____

Joint Account Owner Name (if applicable): _____

Please process and forward any remaining funds in my account by check to the following address:

Name

Mailing Address

City

State

Zip

If you have any questions or if this form is not sufficient to complete this request, please contact me at the following phone numbers:

Home Phone

Work Phone

Thank you for your assistance in completing this request.

Primary Account Owner Signature

Date

Joint Account Owner Signature (if applicable)

Date