



**JUSTIN STATE BANK
PC BANKING APPLICATION
ENROLLMENT FORM**

ACCOUNT OWNER INFORMATION (PLEASE TYPE OR PRINT)

 FIRST NAME INITIAL LAST NAME or BUSINESS NAME SOCIAL SECURITY NUMBER or EIN

CO-OWNER INFORMATION

 FIRST NAME INITIAL LAST NAME SOCIAL SECURITY NUMBER or EIN

----- () -----
 MAILING ADDRESS HOME PHONE NUMBER

----- () -----
 CITY STATE ZIP WORK PHONE NUMBER

DATE OF BIRTH ____/____/____ EMAIL ADDRESS: _____

ACCOUNT LISTING

Account Type (Please Check)				Account Number
<input type="checkbox"/> Loan	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> CD	_____
<input type="checkbox"/> Loan	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> CD	_____
<input type="checkbox"/> Loan	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> CD	_____
<input type="checkbox"/> Loan	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> CD	_____
<input type="checkbox"/> Loan	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> CD	_____
<input type="checkbox"/> Loan	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> CD	_____
<input type="checkbox"/> Loan	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> CD	_____
<input type="checkbox"/> Loan	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> CD	_____

SIGNATURE: _____ DATE: ____/____/____



PLEASE COMPLETE ENROLLMENT FORM AND MAIL OR FAX TO

Justin State Bank
 Attn: New Accounts
 PO Box 97
 Justin TX 76247
 940-648-2753.
 FAX 940-648-2757