



Extraco New Account Application Instructions and Helpful Information

Consumer and Sole Proprietorship Accounts only.

(Corporations, partnerships, clubs, associations, not-for-profit organizations and other entities should contact a Relationship Manager at an Extraco Financial Center for assistance with opening accounts.)

What to Expect

The application will take approximately 10 minutes to complete.

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Getting Started

- Print the application
- Fill in the blanks with the necessary information
- Sign and date the application

What's Next?

You may either:

- **Mail the application to:**

**Internet Banking Dept.
Extraco Banks, N.A.
P.O. Box 6101
Temple, TX. 76503**

You will be contacted by phone and directed to your closest Extraco Financial Center to complete the account application process.

or

- **Return the application in person** to your local Extraco Financial Center to complete the account application process.

Reminder: If Sole Proprietorship, attach a copy of your Assumed Name Certificate.



New Account Application
Consumer and Sole Proprietorship
Extraco Banks, N.A.

Extraco Banks is the Financial Center of Texas and offers Central Texans access to a complete line of financial products and services. Because of our focus on Central Texas and dedication to serving the financial needs of Central Texans, **online applications will be accepted only from persons residing in Central Texas.**

Please provide the following information about yourself. If you are applying for a joint account, information about a co-applicant should also be provided.

Check the box(es) of the account(s) you would like to open.

Checking

- Big Rate
- Free
- Regular
- Interest
- 55+
- Small Business

Savings

- Regular
- Automatic
- Money Market
- Money Market Indexed
- Kid's Savings

CDs

- 30 Days
- 90 Days
- 180 Days
- 12 Months
- 18 Months
- 24 Months
- 30 Months
- 36 Months
- 48 Months
- 60 Months

Which of the following additional products would you like?

- Cash24® ATM Card
- Check24® Debit Card
- Business Check24® Debit Card
- Phone24
- E-bank
- Bill Pay

YOUR INFORMATION

PRIMARY APPLICANT

CO-APPLICANT

Full Legal Name

First Name _____ MI _____

Last Name _____

Social Security Number _____

Street Address _____

City, State, Zip _____

Street Address _____
(Mailing Address - complete if different)

City, State, Zip _____
(Mailing Address - complete if different)

Home Telephone Number _____

E-mail Address _____

Date of Birth _____

Driver's License Number _____

State of Issuance, Exp. Date _____

Employer's Name _____
(If self employed, list your trade name.)

Employer's Street Address _____
(If self employed, list your business address.)

City, State, Zip _____

Title or Position _____

Describe type and nature of business, if self-employed or sole proprietorship

Previous or Current Banking Reference

Bank Name _____

City, State, Zip _____

Trade reference, if self-employed or sole proprietorship

Trade Reference _____

City, State, Zip _____

Major Sources of Deposits with Extraco

For Sole Proprietorships, please complete the following			
Assumed Name or DBA Under Which Transactions are Conducted		<input type="text"/>	
Business Telephone Number	<input type="text"/>	Estimated Annual Sales	<input type="text"/>
Estimated Weekly Deposits and Withdrawals of Cash and/or Coin		Total Estimated Weekly Deposit	
Deposits	<input type="text"/>	Withdrawals	<input type="text"/>
			(Checks and Cash Combined) <input type="text"/>

Special Notice Under Section 277.02 of the Texas Finance Code: Business checking account holders are requested to notify the bank immediately, but no less frequently than annually, of any changes in the information provided or in the documents furnished in connection with the opening of the account.

I/We certify that the information provided above is true and complete and authorize Extraco to verify the information provided.

Signature _____ Date _____ Signature _____ Date _____

Please mail to Internet Banking Dept., Extraco Banks, P.O. Box 6101, Temple, TX. 76503, or return this form to an Extraco Financial Center.

If Sole Proprietorship, please attach a copy of the Assumed Name Certificate.

DELETIONS, ADDITIONS, OR OTHER MODIFICATIONS TO ELECTRONIC FORMS/DOCUMENTS ARE PROHIBITED AND SHALL BE INEFFECTIVE AND NON-BINDING, EXCEPT BY WRITTEN AGREEMENT EXECUTED ON A SEPARATE PAPER DOCUMENT BY AN AUTHORIZED REPRESENTATIVE OF EXTRACO.