



## Consumer New Account Application

New Customer    Existing Customer    Employee of SWCB

Customer name: \_\_\_\_\_

Consumer type:    Individual    Joint Owners    UTMA    Representative Payee    Trust

Account Type:    Savings    Checking    CD

### Signer Information:

Customer name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Identification Type:    NM Real ID    DL    Passport    Military ID    Not For Federal Purposes ID/DL

Identification:   ID #: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Physical address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Secondary phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Address matches ID:    Yes    No

Address verification:    Bill    Lease agreement    Other: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

### Signer Information:

Customer name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Identification Type:            NM Real ID    DL    Passport    Military ID    Not For Federal Purposes ID/DL  
 Identification:            ID #: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Physical address:            \_\_\_\_\_  
 Mailing address:            \_\_\_\_\_  
 Primary phone #:            \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Secondary phone #:        \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Email address:            \_\_\_\_\_  
 Address matches ID:        Yes   No  
 Address verification:      Bill  
    Lease agreement  
    Other: \_\_\_\_\_  
 Employer:                    \_\_\_\_\_  
 Occupation:                \_\_\_\_\_  
 Mother's Maiden Name:    \_\_\_\_\_

### Consumer Report Authorization

It is the practice of Southwest Capital Bank to obtain a consumer report for all prospective depositors through ChexSystems, Inc.

In accordance with State consumer reporting law, the Bank must obtain permission from each consumer, in writing prior to obtaining a consumer report.

By signing this acknowledgment, each signer authorizes Southwest Capital Bank to obtain any credit reference necessary including but not limited to ChexSystems, Inc., in connection with the deposit account application and at any time while an account holder with the Bank.

Customer Signature \_\_\_\_\_  
 Date: \_\_\_\_\_

### For Internal use only

<b>Name of Bank Representative who ran ChexSystems report:</b>	
<b>Date report was run:</b>	
<b>Were red flags cleared?</b>	(Circle one) <b>Yes</b> <b>No</b>
<b>Account Approved/Opened?</b>	(Circle one) <b>Yes</b> <b>No</b>
<b>If not approved based on report was AAN provided to DG-CIP for review before issued to customer?</b>	(Circle one) <b>Yes</b> <b>No</b>