



Lytle State Bank

Member FDIC



Having already read and accepted account disclosures, simply complete and bring in your application to Lytle State Bank, 14631 S. FM 2790 W., Lytle, TX 78052. A new accounts representative will verify your account application and help you decide which account best fits your needs.

USA Patriot Act: In order to prevent the use of the U.S. banking system in terrorist and other illegal activity, federal regulations require all financial institutions to obtain, verify, and record identification from all persons opening new accounts or being added as signatories to existing accounts. This bank cannot waive these requirements. Feel free to contact us with any questions you may have.

* = Required Field

Complete this application if you are applying for a consumer or commercial deposit account. Upon completion, print the form, sign and bring to the bank. Signatures are required.

I am applying for: (check all that apply)	DEPOSIT ACCOUNTS:	
	<input type="checkbox"/>	Regular Checking
	<input type="checkbox"/>	Commercial Checking
	<input type="checkbox"/>	Public Funds
	<input type="checkbox"/>	Student/Silver Checking
	<input type="checkbox"/>	NOW Checking
	<input type="checkbox"/>	Business NOW Checking
	<input type="checkbox"/>	Public NOW Checking
	<input type="checkbox"/>	Money Market Savings
	<input type="checkbox"/>	Business Money Market Savings
	<input type="checkbox"/>	Public Money Market Savings
	<input type="checkbox"/>	Regular Savings
	<input type="checkbox"/>	Business Non-personal Savings
	<input type="checkbox"/>	CDs
	<input type="checkbox"/>	IRA CDs
<input type="checkbox"/>	Safety Deposit Box	

SECTION A - General Information			
Last Name:*	First Name:*	Middle Initial:*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Address :*	City:*	State:	Zip Code:*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if applicable): <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
Previous Home Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
Home Phone (please include area code):* <input type="text"/>	Email Address: <input type="text"/>	Fax: <input type="text"/>	
Date of Birth: * <input type="text"/>	Social Security Number: * <input type="text"/>		
Employer: * <input type="text"/>	Employer Address: <input type="text"/>	City: <input type="text"/>	
State: <input type="text"/>	Zip Code: <input type="text"/>	Employer Telephone: <input type="text"/>	
Years There: <input type="text"/>	Position / Title: <input type="text"/>		
Previous Employer (if less than 2 years at current employment): <input type="text"/>	Previous Employer Address: <input type="text"/>	City: <input type="text"/>	
State: <input type="text"/>	Zip Code: <input type="text"/>		
Please Select <input type="text"/> Please Select Individual or Joint Application, by selecting "Joint" this shows your intention to apply for joint credit.			
Last Name: <input type="text"/>	First Name: <input type="text"/>	Middle Initial: <input type="text"/>	
Home Address : <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
Previous Home Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
Home Phone (please include area code): <input type="text"/>	Email Address: <input type="text"/>	Fax: <input type="text"/>	
Date of Birth: <input type="text"/>	Social Security Number: <input type="text"/>		
Employer: <input type="text"/>	Employer Address: <input type="text"/>	City: <input type="text"/>	
State: <input type="text"/>	Zip Code: <input type="text"/>	Employer Telephone: <input type="text"/>	
Years There:	Position / Title:		

Previous Employer (if less than 2 years at current employment): <input type="text"/>	Previous Employer Address: <input type="text"/>	City: <input type="text"/>	
State: <input type="text"/>	Zip Code: <input type="text"/>		
Business Name: <input type="text"/>			
Ownership of account: <input type="text"/>	Type of business: <input type="text"/>	Business phone: <input type="text"/>	
Physical Address : <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
Mailing Address : <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
County and State of Organization: <input type="text"/>			
SECTION B - Deposit Account Information			
Amount of Initial Deposit: <input type="text"/>			
How Initial Deposit Will Be Made:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other <input type="text"/> <input type="checkbox"/> Debit my current bank account: <input type="text"/> Account Number(s) <input type="text"/>		
Please Provide The Following Verification Information:			
Name of Current Bank: <input type="text"/>	Address of Bank: <input type="text"/>	City: <input type="text"/>	
State: <input type="text"/>	Zip Code: <input type="text"/>	Account Number : <input type="text"/>	
Drivers License or State Issue ID Number: * <input type="text"/>	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
NOTE: If you do not have a drivers license or state issued ID, please call one of our Customer Service Representatives at (830) 709 - 3601.			
Nearest Relative Not Living With You: <input type="text"/>	Address: <input type="text"/>	City: <input type="text"/>	
State: <input type="text"/>	Zip Code: <input type="text"/>	Phone Number (including area code): <input type="text"/>	

Mother's Maiden Name (for security purposes): <input type="text"/>	
After 30 days and a review of your account, you may apply for the following services:	
*Would you like to apply for a Lytle State Bank Visa Debit Card?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Would you like to apply for the Overdraft Privilege Program?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like overdraft protection?: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Credit Line	
Account number: <input type="text"/>	Credit Line number: <input type="text"/>
<p>BY SIGNING BELOW, I (WE) APPLY FOR A DEPOSIT PRODUCT(S) LISTED ABOVE AND CERTIFY THAT ALL INFORMATION PROVIDED ABOVE IS CORRECT AND AUTHORIZE YOU TO CHECK MY (OUR) CREDIT AND VERIFY THE INFORMATION PROVIDED IN THIS APPLICATION. I (WE) ALSO CERTIFY UNDER PENALTY OF PERJURY THAT THE SOCIAL SECURITY NUMBER(S) PROVIDED ABOVE IS/ARE CORRECT AND THAT I AM NOT (WE ARE NOT) SUBJECT TO BACKUP WITHHOLDING UNDER THE INTERNAL REVENUE CODE. I (WE) UNDERSTAND THAT ADDITIONAL INFORMATION MAY BE REQUIRED BEFORE A DECISION CAN BE MADE REGARDING THIS APPLICATION. I (WE) FURTHER UNDERSTAND THAT APPROVAL BY Lytle State Bank FOR ANY OF THE DEPOSIT PRODUCT(S) IS CONDITIONED ON MY (OUR) AGREEMENT TO ABIDE BY ALL TERMS AND CONDITIONS CONTAINED IN THE APPLICABLE DEPOSIT AGREEMENT. I FURTHER AGREE TO RETURN ANY ACCESS DEVICE FOR OBTAINING FUNDS FROM ANY TYPE OF ACCOUNT UPON DEMAND BY Lytle State Bank.</p>	
I HAVE READ THE ABOVE STATEMENT AND AGREE TO THE TERMS SET OUT THEREIN.	
Applicant's Signature: <input type="text"/>	Date: <input type="text"/>
Co-Applicant's Signature: <input type="text"/>	Date: <input type="text"/>