THE FIRST STATE BANK

COLUMBUS, TEXAS | ESTABLISHED 1913

Customer Information Request

Full Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Cell Phone Number: _____ Fax Number: _____

Email Address: _____

Social Security Number: _____

Driver's License Number: _____ Expiration Date: _____

Employer: _____ Occupation: _____

Employer's Phone Number: _____

Politically Exposed Person: ☐ YES ☐ NO US Citizen: ☐ YES ☐ NO

Signature: _____ **Date**: _____

BY SIGNING THIS FORM, I VERIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT