

Switching to PlainsCapital Bank has never been easier. Just fill out and print this form, and bring it with you when you come in to open your new account. Be sure to bring a picture ID for all account signers as well.

Individual Account

Joint Account

Name _____

Name _____

Home Address _____

Home Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Mailing Address (if different) _____

Home Phone _____ Cell Phone _____

Home Phone _____ Cell Phone _____

Email Address (required for Online Banking access) _____

Email Address (required for Online Banking access) _____

Social Security Number _____

Social Security Number _____

Driver's License Number _____ State _____ Exp. _____

Driver's License Number _____ State _____ Exp. _____

Are you a U.S. Resident?
Date of Birth _____ Yes No

Are you a U.S. Resident?
Date of Birth _____ Yes No

Country of Citizenship _____ Occupation _____

Country of Citizenship _____ Occupation _____

Employer _____ Work Phone _____

Employer _____ Work Phone _____

Employment Status:
 Full-time Part-time Contractor Retired Self-employed
 Unemployed

Employment Status:
 Full-time Part-time Contractor Retired Self-employed
 Unemployed

Employer Address _____

Employer Address _____

Are you or is anyone you are related to holding any kind of political office, either within the United States or internationally?

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Yes No

Yes No

If yes, what is that person's relationship to you and what office is being held? _____

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Please check the products and services you are interested in opening.

Checking Accounts

- PremierAccess Checking
- TotalAccess Checking
- Protect and Serve Checking
- Youth Debit

Saving/Money Market Accounts

- Personal Savings
- Youth Savings Program
- Money Market

Certificates of Deposit

- CD
- IRA

Electronic Services

- Online Banking
- Bill Pay
- Zelle®
- Online Statements
- Mobile Banking
- Text Banking

Other Services

- Debit Mastercard
- Check Order
- Personal Line of Credit
- Safe Deposit Box (where available)
- Combined Statement
- EZShield ID Theft Protection



Customer Security Questions

Required: What is your mother's maiden name? Answer _____

Choose one and provide an answer.

- What was your childhood nickname? _____
- What was the name of your first pet? _____
- What is your father's middle name? _____
- In what city were you born? _____
- What was your high school mascot? _____
- What is your mother's birth year? _____
- Who was your favorite teacher? _____
- What was your first job? _____
- What is the last name of your first teacher? _____
- What was the make of your first car? _____
- What school did you attend in 6th grade? _____
- What is the middle name of your oldest sibling? _____
- In what city did you meet your spouse/significant other? _____
- Customer defined questions



New Account Questionnaire

Will the account be used to deposit or withdrawal more than \$5,000 in cash per week?

Yes No

If yes, please identify the source of the funds and/or the purpose of the withdrawals.

Will the account be used to engage in transactions to or from foreign countries?

Yes No

If yes, what is the source and purpose of the transactions to or from foreign countries and with which countries will the transactions be conducted.

Will the account be used to conduct recurring multiple wire transfers per week?

Yes No

If yes, identify the purpose of the wire transfers and name(s) of the individuals/business with whom they are to be conducted.



STEP 2

Please Establish My Automatic Payment

To Whom It May Concern:

I would like to establish an automatic payment as instructed below.

Please: Create a New Automatic Payment Change My Current Automatic Payment

Personal Information

Last Name

First Name

Middle Name

Street Address

City

State

Zip

Home Phone

Work Phone

Payment Information

Name of Payee

Account Number of Payee

Debit My PlainsCapital Bank Account

Charge My PlainsCapital Bank Debit Card

Routing Number: 111322994

Card Number: _____

Account Number: _____

Expiration Date: _____

Note: Attach a voided check or deposit slip below.

Authorization

I authorize _____ (payee) to initiate payments from my PlainsCapital Bank account as indicated above and to make adjustments for any debit made in error if necessary. This authority will remain in effect until I have given written notice to terminate this service.

Signature

Date

FOR ACCOUNT DEBIT,
ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

When you receive your new checks from PlainsCapital Bank, attach a preprinted voided check or preprinted deposit slip from your new PlainsCapital account to this form before submitting it to the payee for processing.



STEP 3

Please Establish My Direct Deposit

Name of Company Making Direct Deposit

Address

City

State

Zip

To Whom It May Concern:

I would like to establish a direct deposit of my income into my PlainsCapital Bank account as instructed below.

Please: Create A New Direct Deposit Change My Current Direct Deposit

Personal Information

Last Name

First Name

Middle Name

Street Address

City

State

Zip

Home Phone

Work Phone

PlainsCapital Account Information

Bank Name: PlainsCapital Bank

Routing Number: 111322994

Account Number: _____

Authorization

I authorize _____ (company) to make deposits directly to my PlainsCapital Bank account as indicated above and to make any adjustments for credit made in error to my account as necessary. This authority will remain in effect until I have given written notice to terminate this service.

Signature

Date

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

When you receive your new checks from PlainsCapital Bank, attach a preprinted voided check or preprinted deposit slip from your new PlainsCapital account to this form before submitting it to the company for processing.



STEP 4

Please Close My Account

Bank Name

Address

City

State

Zip

To Whom It May Concern:

Effective immediately, please close the following account:

Account Number: _____

Primary Account Owner Name: _____

Joint Account Owner Name (if applicable): _____

Please process and forward any remaining funds in my account by check to the following address:

Name

Mailing Address

City

State

Zip

If you have any questions or if this form is not sufficient to complete this request, please contact me at the following phone numbers:

Home Phone

Work Phone

Thank you for your assistance in completing this request.

Primary Account Owner Signature

Date

Joint Account Owner Signature (if applicable)

Date

