



First State Bank of Colorado

Consumer Account Application

I am applying for a: Checking Account Savings Account Certificate of Deposit

(Check all that apply...)

Safe Deposit Box

Applicant Name: _____

Primary account holder Secondary account holder Signer

(If account is joint, with whom: _____)

Physical Address: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Telephone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ D/L#: _____ State: _____

Employer: _____ Since: _____

Occupation: _____

(If self-employed, please be specific)

States of residence for past five years: _____

Name/address of nearest relative: _____

How did you hear of us? _____

Reason for Choosing First State Bank: _____

I hereby represent and warrant that the information set forth above is true, correct, complete and accurate in all respects. The Bank is authorized to make such investigation of the representations herein and into my credit file, as the Bank deems desirable. This application is the property of the Bank for all purposes. I further acknowledge receipt of the rules and regulations governing the accounts and services for which I am applying. I understand that any overdrafts resulting from the use of any access device - including but not limited to checks, Visa Check Card, ATM Card, Internet Bill Payment, automated deductions, etc. will result in me paying any overdraft, bank fees, attorney fees, court costs, and any other costs resulting in collection of owed funds. **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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.

Please sign me up for the following services:

- Visa™ Debit Card
- Overdraft Protection
- Automatic transfer between accounts
(to cover overdrafts or for other purposes)
- Wire Transfer by Phone

Beneficiary Designation

If you would like to designate a beneficiary please provide such information here:

Beneficiary Name: _____

Beneficiary Address: _____

Beneficiary Phone #: _____

Beneficiary SSN: _____

Beneficiary DOB: _____

Applicant Signature: _____ **Date:** _____

Bank Witness: _____

Over →

Consumer Application continued...

Challenge Questions

Choose Three (3)

- 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 the 6th grade?
- What is the middle name of your oldest sibling?
- In what city did you meet your spouse/significant other?