

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 \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work 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. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (City/State) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (City/State) \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Occupation \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

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?  Yes  No

If yes, what office is being held? \_\_\_\_\_

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

Checking Accounts

Saving/Money Market Accounts

Electronic Services

Other Services

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

- Personal Savings
- Youth Savings Program
- Money Market

Certificates of Deposit

- CD
- IRA

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

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

STEP 2

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

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## STEP 3

### 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 4

### 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 5

### 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