

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?

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

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

Saving/Money Market Accounts

Electronic Services

Other Services

- PremierAccess
- TotalAccess
- BasicAccess
- Protect and Serve
- LegacyAccess
- Youth Debit

- Personal Savings
- Youth Savings Program
- Money Market

Certificates of Deposit

- CD
- IRA

- Online Banking
- Bill Pay
- Zelle®
- 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



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.



Uniform Single-Party or Multiple-Party Account Selection Form Notice

INSTRUCTIONS: The type of account you select may determine how property passes on your death. Your will may not control the disposition of funds held in some of the following accounts. You may choose to designate one or more convenience signers on an account, even if the account is not a convenience account. A designated convenience signer may make transactions on your behalf during your lifetime, but does not own the account during your lifetime. The designated convenience signer owns the account on your death only if the convenience signer is also designated as a P.O.D. payee or trust account beneficiary.

Select one of the following accounts by placing your initials to the left of the account you selected:

_____ **Single-Party Account without "P.O.D." (Payable on Death) Designation**

Enter the name of the party _____

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account

_____ **Single-Party Account with "P.O.D" (Payable on Death) Designation.** The party to the account owns the account. On the death of the party, ownership of the account passes to the P.O.D. beneficiaries of the account. the account is not a part of the party's estate.

Enter the name of the party _____

Enter the name or names of the P.O.D. beneficiaries _____

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account

_____ **Multiple-Party Account with Right of Survivorship.** The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to the party at any time. On the death of the party, the party's ownership of the account passes to the surviving parties.

Enter the names of the parties _____

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on the account

_____ **Multiple-Party Account with Right of Survivorship and P.O.D. (Payable on Death) Designation.** The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of the last surviving party, the ownership of the account passes to the P.O.D beneficiaries.

Enter the names of the parties _____

Enter the names of the P.O.D. beneficiaries _____

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account



_____ **Trust Account**

The parties named as a trustees to the account own the account in proportion to the parties' net contributions to the account. A trustees may withdraw funds from the account. A beneficiary may not withdraw funds from the account before all trustees are deceased. On the death of the last surviving trustees, the ownership of the account passes to the beneficiary. The trust account is not a part of a trustee's estate and does not pass under the trustee's will or by intestacy, unless the trustee survives all the beneficiaries and all other trustees.

Enter the name or names of the trustees _____

Enter the name or names of the beneficiaries _____

Enter the name(s) of the convenience signer(s), if you want one or more convenience signers on this account

Acknowledgement: I acknowledge that I have read each paragraph of this Notice, and have received disclosure of the ownership rights to the accounts listed above. I have placed my initials to the left of the account type that I want.

_____ Customer's Signature _____ Customer's Printed Name _____ Date

_____ Customer's Signature _____ Customer's Printed Name _____ Date

_____ Customer's Signature _____ Customer's Printed Name _____ Date

_____ Customer's Signature _____ Customer's Printed Name _____ Date

FOR OFFICE USE ONLY:
ACCOUNT NO. _____ DATE _____



STEP 2

Notify employer, government, or any other companies to redirect your deposits into your new account.

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 3

Change information for automatic payments to be debited from your new account

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		
<input type="checkbox"/> Debit My PlainsCapital Bank Account	<input type="checkbox"/> 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

Close your previous account once all direct deposits and automatic payments have been switched to your new 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

