



Personal New Account Application

Thank you for choosing Business Bank of Texas, N.A. We are committed to helping you determine your best banking options. To assist us, we ask that you complete and submit the attached information.

Please provide the completed new accounts worksheet and all other applicable information to Business Bank of Texas, N.A.: operations@businessbankoftexas.com or FAX: 512-835-6614.



¹ Securities products are NOT FDIC Insured, are NOT guaranteed by Business Bank of Texas, N.A., are NOT products of Business Bank of Texas, N.A., and may involve risk to principal amount invested



Personal New Account Application

General New Account Information

Checking Account Type: Optimum Checking Momentum Checking Marquee Interest Checking
 Performance Money Market Signature Money Market Certificate of Deposit/Term _____

Sweep Account¹: Yes No

E-Statement Email Address _____

Ownership of Account

- Single Party without P.O.D. (payable on death) Designation
- Single Party with P.O.D.
- Multiple-Party Account with Right of Survivorship
- Multiple-Party Account with Right of Survivorship and P.O.D. designation

Number of Signers required to sign a check _____

Primary Account Holder

Full Legal Name _____

Physical Address (no PO Box) _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Social Security/TIN _____ Date of Birth (mm/dd/yyyy) _____

Drivers License _____ Expiration Date _____

Home Phone _____ Cell Phone _____

Business Telephone _____ Fax _____

Email Address _____

Primary Checking Location _____

For Bank Use Only

Checking Account Type: Optimum Checking Momentum Personal Checking Marquee Interest Checking
 Performance Money Market Signature Money Market CD/Term _____

Remote Deposit Capture: Yes No Agreement IBoss Setup Remote Capture Machine Delivery

Check System: Yes No Notes/Waiver Initials _____

E-Statement Setup: Yes No Sweep Account Yes No

Other _____



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**BUSINESS BANK
OF TEXAS**.N.A.

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Secondary Account Holder

Full Legal Name _____

Physical Address (no PO Box) _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Social Security/TIN _____ Date of Birth (mm/dd/yyyy) _____

Drivers License _____ Expiration Date _____

Home Phone _____ Cell Phone _____

Business Telephone _____ Fax _____

Email Address _____

Primary Checking Location _____

Additional Account Holder

Full Legal Name _____

Physical Address (no PO Box) _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Social Security/TIN _____ Date of Birth (mm/dd/yyyy) _____

Drivers License _____ Expiration Date _____

Home Phone _____ Cell Phone _____

Business Telephone _____ Fax _____

Email Address _____

Primary Checking Location _____

Please use a separate page for additional signers.



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