

FirstBank Deposit Account Application

Please fill out the following information, print and fax or mail it back to us at:

701 S Mississippi

100 N High ST

704 S Broadway

Atoka, OK 74525

Antlers, OK 74523

Coalgate, OK 74538

Fax: (580) 889-2266

Fax: (580)298-3751

Fax: (580)927-1103

**In order for your account to be activated, you must first come into one of our locations and provide proper identification and all other supporting documentation as described by State and Federal Law. All disclosures and account information will be delivered at signing.*

Fields in red are required

I am a: New Customer Present Customer Former Customer

I would like to open a:

Total-E Free Checking

Free Checking

Free BONUS Checking

Priority Club Checking

Senior Checking

Business Checking

Money Market

Hi-Yield Money Market

Savings

Certificate of Deposit

Traditional IRA

Roth IRA

Rollover IRA

Safe Deposit Box

Source of funds for new accounts: Check from another institution

Transfer from existing FirstBank Account # _____

Application Information

Name	
Present Address	City, State Zip
Years at present address	Home Phone
Email	Birthdate
Social Security Number	Employer
Business Phone	Length of Employment
Position	Drivers License
Previous Address	City, State Zip
Years at previous address	

If you wish to open a joint account, please fill out joint applicant's information

Name	
Present Address	City, State Zip
Years at present address	Home Phone
Email	Birthdate
Social Security Number	Employer
Business Phone	Length of Employment
Position	Drivers License
Previous Address	City, State Zip
Years at previous address	

I/We certify that all statements in this application are correct to the best of my knowledge and are for the purpose of opening a deposit account with FirstBank.

Signature _____ Date _____

Signature _____ Date _____