FirstBank Deposit Account Application

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

Antlers	Atoka	Coalgate	Hugo
100 N. High Street	701 S. Mississippi	704 S. Broadway	1501 E. Jackson St.
Antlers, OK 74523	Atoka, OK 74525	Coalgate, OK 74538	Hugo, OK 74743
Fax: (580) 298-3751	Fax: (580) 889-2266	Fax: (580) 927-1103	Fax: (580) 326-8225

**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 your 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_____