

To apply, having already read and accepted account disclosures, simply print, complete and mail your application. First National Bank of Muskogee, upon approval, will send to you a new account packet. After executing the enclosed documents as indicated, return to us to activate your account.

A representative from First National Bank may contact you to verify your account application. Feel free to [contact us](#) with any questions you may have.

\* = Required Field

**ALL APPLICANTS MUST COMPLETE SECTION A. IF YOU ARE APPLYING FOR A CONSUMER DEPOSIT ACCOUNT, COMPLETE SECTIONS A AND B. IF YOU ARE APPLYING FOR A CONSUMER LOAN, COMPLETE SECTIONS A AND C. IF YOU ARE APPLYING FOR BOTH DEPOSIT AND LOAN ACCOUNTS, COMPLETE ALL THREE SECTIONS. IF YOU WORK IN OKLAHOMA AND RESIDE OUTSIDE OF OKLAHOMA PLEASE [CONTACT US](#).**

I am applying for: (Check all that apply)	<input type="checkbox"/> Deposit Account:	<input type="checkbox"/> Free Checking
		<input type="checkbox"/> Investment Checking
		<input type="checkbox"/> Money Market Savings
		<input type="checkbox"/> Certificate of Deposit
		<input type="checkbox"/> Secure Advantage Checking
	<input type="checkbox"/> Loans:	<input type="checkbox"/> Home Equity Loan
		<input type="checkbox"/> Consumer Loan

**SECTION A - GENERAL INFORMATION**

Last Name: *	First Name: *	Middle Initial: *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address: *	City: *	State: <b>OK</b>
<input type="text"/>	<input type="text"/>	
		Zip: *
		<input type="text"/>
Mailing Address (if applicable):	City:	State: <b>OK</b>
<input type="text"/>	<input type="text"/>	
		Zip:
		<input type="text"/>
Previous Home Address:	City:	State: <b>OK</b>
<input type="text"/>	<input type="text"/>	
		Zip:
		<input type="text"/>

Home Phone: (please include area code)* <input type="text"/> - <input type="text"/> - <input type="text"/>	Email Address: <input type="text"/>	
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Fax: <input type="text"/>	Social Security:* <input type="text"/> - <input type="text"/> - <input type="text"/>	Date of Birth:* <input type="text"/>	
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Employer:* <input type="text"/>	Employer Address: <input type="text"/>
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City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>	
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Employer Telephone: <input type="text"/>	Years There: <input type="text"/>	Position/Title: <input type="text"/>	
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Previous Employer (if less than 2 years at current employment):

Previous Employer Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>
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	Zip: <input type="text"/>
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**JOINT APPLICANT INFORMATION**  
\*Note, you do not need to fill out this section unless you are applying for a joint application

Last Name: <input type="text"/>	First Name: <input type="text"/>	Middle Initial: <input type="text"/>
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Home Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>
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	Zip: <input type="text"/>
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Previous Home Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>
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	Zip: <input type="text"/>
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Home Phone: (please include area code) <input type="text"/>	Email Address: <input type="text"/>	
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Fax: <input type="text"/>	Social Security: <input type="text"/>	Date of Birth: <input type="text"/>	
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Employer: <input type="text"/>	Employer Address: <input type="text"/>
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City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>	
Employer Telephone: <input type="text"/>	Years There: <input type="text"/>	Position/Title: <input type="text"/>	
Previous Employer (if less than 2 years at current employment):			
Previous Employer Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	
		Zip: <input type="text"/>	

### SECTION B - DEPOSIT ACCOUNT INFORMATION

CD Term: (This is only if you choose a Certificate of Deposit)	<input type="text"/>
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CD Interest: (This is only if you choose a CD) Please Select – Compound  
 Credit My Account Monthly  
 Send Me A Check Monthly

Amount of Initial Deposit:

How Initial Deposit will be made:

Incoming Wire

I will mail a check to First National Bank

Debit my existing First National Bank account:  
 (Account Number)

Debit my current Bank (You will receive a form for authorization):  
 Bank Name:   
 Account Number:   
 ABA Number:

Verification Information:	Name of Current Bank: <input type="text"/>	Address of Bank: <input type="text"/>
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	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
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Account Number: <input type="text"/>	Are you a US Citizen: <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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OK Drivers License or state issue ID Number:\*

NOTE: If you do not have a drivers license or state issued ID, please call one of our Customer Service Representatives at (615) 515-BANK (2265).

Nearest Relative Not Living With You:

Address:

City:

State:

Zip:

Phone Number (including area code):

Mother's Maiden Name (for security purposes):

### SECTION C - LOAN APPLICATION INFORMATION

Purpose of Loan:

If the credit line or loan is for home purchase, refinance, construction-to-perm, home improvement, repair or maintenance, the following information is requested by the Federal government to monitor this lender's compliance with the Equal Credit Opportunity and Fair Housing Laws. The law provides that a lender may neither discriminate on the basis of this information nor on whether or not it is furnished. If you do not wish to furnish this information please indicate below.

Applicant:

Co-Applicant:

I do not wish to furnish this information

I do not wish to furnish this information

Race or National Origin:

Race or National Origin:

Sex:

Sex:

Amount Requested:

Length of Repayment Requested:

Gross Annual Income:

(NOTE: Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)

Do you own your home (or other real estate you would offer as collateral):

Yes

No

If yes, please provide the value of that real estate:

Amount of First Mortgage:

Amount of Second Mortgage:

**I (WE) APPLY FOR THE LOAN AND/OR DEPOSIT PRODUCTS LISTED ABOVE AND CERTIFY THAT ALL INFORMATION PROVIDED ABOVE IS CORRECT AND AUTHORIZE YOU TO CHECK MY (OUR) CREDIT AND VERIFY THE INFORMATION PROVIDED IN THIS APPLICATION. I (WE) ALSO CERTIFY UNDER PENALTY OF PERJURY THAT THE SOCIAL SECURITY NUMBER(S) PROVIDED ABOVE IS/ARE CORRECT AND THAT I AM NOT (WE ARE NOT) SUBJECT TO BACKUP WITHHOLDING UNDER THE INTERNAL REVENUE CODE. I (WE) UNDERSTAND THAT ADDITIONAL INFORMATION MAY BE REQUIRED BEFORE A DECISION CAN BE MADE REGARDING THIS APPLICATION. I (WE) FURTHER UNDERSTAND THAT APPROVAL BY FIRST NATIONAL BANK OF MUSKOGEE FOR ANY OF THE LOAN OR DEPOSIT PRODUCTS IS CONDITIONED ON MY (OUR) AGREEMENT TO ABIDE BY ALL TERMS AND CONDITIONS CONTAINED IN THE APPLICABLE LOAN AGREEMENT AND/OR DEPOSIT AGREEMENT. I FURTHER AGREE TO RETURN ANY ACCESS DEVICE FOR OBTAINING FUNDS FROM ANY TYPE OF ACCOUNT UPON DEMAND BY FIRST NATIONAL BANK OF MUSKOGEE.**

**I HAVE READ THE ABOVE STATEMENT AND AGREE TO THE TERMS SET OUT THEREIN.**

Mail or bring printed application to:

First National Bank

510 North Main Street

Muskogee, OK 74401