



Date \_\_\_\_\_

Acct # \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Change E-Statement? Yes \_\_\_\_ No \_\_\_\_

Please list the account numbers:

- \_\_\_\_\_ Checking
- \_\_\_\_\_ Savings
- \_\_\_\_\_ Loans
- \_\_\_\_\_ Safe Deposit Box
- \_\_\_\_\_ Certificate of Dep
- \_\_\_\_\_ Christmas club
- \_\_\_\_\_ Last 4 of Debit Card (Name #1)
- \_\_\_\_\_ Last 4 of Debit Card (Name #2)
- \_\_\_\_\_ Online Bill Pay (Yes/No)

Customer Signature \_\_\_\_\_

\*\* Please complete the above form and return to the bank --- Thank you!  
Lamar Bank & Trust Company – P.O. Box 190 – 1000 Broadway

**A Better Way to Bank**

