

CASTROVILLE STATE BANK

To assure the continued privacy and confidentiality of your personal financial information, Castroville State Bank observes these practices and procedures:

Information We Collect

We collect nonpublic information about you from some or all of the following sources:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, our affiliates, or others; and,
- Information we receive from a consumer reporting agency.

Information We Disclose

We do not disclose any nonpublic personal information about our customers and former customers to affiliates or nonaffiliated third parties except as permitted by law.

Our Security Measures

We restrict access to nonpublic information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with Federal regulations to guard your nonpublic personal information.

Customers and members of the public may receive copies of this notice of privacy practice by contacting:

**Compliance Department
Castroville State Bank
P. O. Box 519
Castroville, Texas 78009**

Notice: The Castroville State Bank is chartered under the laws of the State of Texas and by state law is subject to regulatory oversight by the Texas Department of Banking. Any Consumer wishing to file a complaint against the Castroville State Bank should contact the Texas Department of Banking through one of the means indicated below:

In Person or U.S. Mail: 2601 North Lamar Boulevard, Suite 300, Austin, Texas 78705-4294

Phone No.: 877/276-5554; Fax No.: 512/475-1313

E-mail: consumer.complaints@banking.state.tx.us

Website: www.banking.state.tx.us

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. **FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:**

- 1.) My purchase of an insurance product or annuity from you or from any of your affiliates; or,
- 2.) My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

Further, it has been explained to me and I understand:

- 1.) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, the Bank or its affiliate;
- 2.) The insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, the Bank or its affiliate; and,
- 3.) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the product, including the possible loss of value;

By signing I acknowledge that I have received a copy of this form on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

Consumer

Date

Consumer

Date

Regulation B Notice of Intent to Apply for Joint Credit

Lender

CASTROVILLE STATE BANK
P.O. BOX 519
CASTROVILLE, TX 78009

Applicant

Date	_____
Account Number	_____

Notice

You intend to apply for joint credit.

Acknowledgment

You acknowledge receipt of a copy of this notice on today's date.

X _____

X _____

X _____

X _____

Castroville State Bank

Credit Application

Return to: Castroville State Bank, 502 Paris St., Castroville, TX 78009
 Fax: 830/538-9177 (branch); 830/931-3118 (main bank) or e-mail: loans.csb@castrovillestatebank.com
 Call 830/931-2201 with any questions.

Amount Requested:	Payment Date Desired:	No. of Months:	Loan Purpose:
<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured		Collateral Description:	

Primary Borrower

Name:		Social Security Number:	
Address:		Date of Birth:	
City:	State:	ZIP:	Phone:
Employer Name:		Monthly Earnings: <input type="checkbox"/> Gross <input type="checkbox"/> Net	
Employer Phone:	No. of Years:	Position:	

Co-Borrower

Name:		Social Security Number:	
Address:		Date of Birth:	
City:	State:	ZIP:	Phone:
Employer Name:		Monthly Earnings: <input type="checkbox"/> Gross <input type="checkbox"/> Net	
Employer Phone:	No. of Years:	Position:	

Other Sources of Income

	Total		Total
Combined Monthly Salary (from above)	\$	Rent or Mortgage Payment	\$
Self-Employment (per month)		#1 Car Payment	
Bonuses & Commissions		#2 Car Payment or Other	
Income From Rental Property (Net)		Credit Card Payments	
Investment Income		Other Debts --	
Other Income -			
Total Monthly Income	\$	Total Monthly Expenses	\$

Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account Balance:	Savings Account Balance	Loan Balance:
Branch Location:	Branch Location:	Branch Location:

I certify that that everything I have stated in this application and on any attachments and any information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the institutions for which credit is being applied for in order to verify the information contained herein.

Signature- Primary Borrower _____ Date _____

Signature - Co-Borrower _____ Date _____