

Phone: (406) 892-1776
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www.freedombankmt.com



530 9th St West
PO Box 2076
Columbia Falls, MT 59912

Account Ownership: Single Party Multi-party UTMA Representative Payee Guardian
 Payable on Death (POD)

Account Type: Free Checking Freedom Interest Checking Eagle 50 Checking Liberty Membership Checking
 HSA Checking Freedom Savings Patriot Savings (Under 18) IRA Savings Insured Money Market Savings
 Certificate of Deposit Safe Deposit Box

Personal Account Information

1) Name: _____
SSN: _____ Date of Birth: _____
Mailing Address: _____
Physical Address: _____
Home Phone Number: _____ Cell Phone Number: _____
Work Phone Number: _____
City Born In: _____ Mother's Maiden Name: _____
Security Question (optional): _____ Answer: _____
Current or Previous Occupation: _____ Employer: _____
Driver's License Number & State: _____
Email Address (optional): _____

2) Name: _____
SSN: _____ Date of Birth: _____
Mailing Address: _____
Physical Address: _____
Home Phone Number: _____ Cell Phone Number: _____
Work Phone Number: _____
City Born In: _____ Mother's Maiden Name: _____
Security Question (optional): _____ Answer: _____
Current or Previous Occupation: _____ Employer: _____
Driver's License Number & State: _____
Email Address (optional): _____

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The US Patriot Act requires us to obtain Personal Information as well as Valid Picture Identification.

Submitted application forms are property of Freedom Bank.

This form will be retained for records whether your account is approved or denied.

FDIC Insured

3) Name: _____
SSN: _____ Date of Birth: _____
Mailing Address: _____
Physical Address: _____
Home Phone Number: _____ Cell Phone Number: _____
Work Phone Number: _____
City Born In: _____ Mother's Maiden Name: _____
Security Question (optional): _____ Answer: _____
Current or Previous Occupation: _____ Employer: _____
Driver's License Number & State: _____
Email Address (optional): _____

Standard Overdraft Practices:

We pay overdrafts at our discretion, which means we **do not guarantee** that we will always authorize and pay any type of transaction.

I understand the above statement: (all applicants initial here) _____/_____/_____

How did you hear about Freedom Bank?

- Referral, who referred you: _____ Internet Newspaper Ad Walk-in
 I Have an Existing Account I Had Previous Accounts Here Radio Ad
 Other: _____

By completing this application I acknowledge that Freedom Bank is authorized to access my personal information and in doing so retain my information acquired through Chexsystems and any federal or state government agencies. I understand my application will be subject to approval based on these reports.

1) _____
Signature

2) _____
Signature

3) _____
Signature

For Internal Use:

Date: _____ New/Existing Customer: _____
Opening Deposit Amount: _____ Employee Initials: _____
Account Number(s) assigned: _____
Port Number: _____

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