

Phone: (406) 892-1776  
Fax: (406) 892-6620  
www.freedombankmt.com



530 9<sup>th</sup> 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  HSA Checking  
 Freedom Savings  Patriot Savings (under 18)  IRA Savings  Insured Money Market Savings  
 Certificate of Deposit  Safe Deposit Box

In accordance with the US Patriot Act all Signers are required to provide Personal Information and Valid Picture Identification at Account Opening

### Personal Account Information

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

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

Continued on following page.

ALL NEW DEPOSIT ACCOUNTS ARE VERIFIED THROUGH CHEXSYSTEMS  
Submitted application forms are property of Freedom Bank and will be retained for records whether the account is approved or denied.  
**FDIC Insured**

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

**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) 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**Questions: (Please answer all)**

- 1) What is the purpose of this account? \_\_\_\_\_
- 2) What type of items do you expect to deposit to account? **CHECK ALL THAT APPLY:**  
 Cash  Checks  Direct deposits  Remote Deposit Capture  Wire transfers  ACH  
 Other (please explain) \_\_\_\_\_
- 3) Average Monthly Deposits (**check one**)  under \$1,500  \$1,500 to \$4,500  over \$4,500
- 4) What method do you plan to withdraw funds from the account? **CHECK ALL THAT APPLY:**  
 Cash  Checks  Debit Card  ATM withdrawal  Cashier's Check  Wire transfers  
 ACH  Other (please explain) \_\_\_\_\_
- 5) Average Monthly Withdrawals (**check one**)  under \$1,500  \$1,500 to \$4,500  over \$4,500
- 6) Will you be doing any transactions outside the U.S.?  Yes  No; *if yes*, what country or countries?  
 \_\_\_\_\_
- 7) Why did you choose Freedom Bank? \_\_\_\_\_

**PLEASE NOTE: Due to regulations more questions may be required for customer due diligence.**

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: \_\_\_\_\_ Port Number: \_\_\_\_\_ Opening Deposit Amount: \_\_\_\_\_  
 Account Number(s) assigned: \_\_\_\_\_  
 Employee Initials: \_\_\_\_\_

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