

Phone: (406) 892-1776
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530 9th St West
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:

Freedom Bank pays 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? (Example: Payroll Account, Tax Account, Expense Account, Personal Use) _____
- 2) What type of items do you expect to deposit? **CHECK ALL THAT APPLY:**
 Cash Checks Direct deposits Remote Deposit Capture Wire transfers ACH
 Other (please explain) _____
- 3) Average Monthly **Cash** Deposits (**check one**) under \$1,500 \$1,500 to \$4,500 over \$4,500
- 4) What method(s) 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 **Cash** 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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