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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 Beneficiary (POD)

Account Type: ☐ Free Checking ☐ Freedom Interest Checking ☐ Eagle 50 Checking ☐ HSA Checking
☐ Freedom Savings ☐ Patriot Savings (under 18) ☐ IRA Savings ☐ Money Market Savings
☐ Certificate of Deposit ☐ Safe Deposit Box

Why did you choose Freedom Bank? _____

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 #: _____ Cell Phone #: _____ Work Phone #: _____
City Born In: _____ Mother's Maiden Name: _____
Current or Previous Occupation: _____ Employer: _____
Government Issued-ID #: _____ Issued: _____ Expires: _____
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 #: _____ Cell Phone #: _____ Work Phone #: _____
City Born In: _____ Mother's Maiden Name: _____
Current or Previous Occupation: _____ Employer: _____
Government Issued-ID #: _____ Issued: _____ Expires: _____
Security Question (optional): _____ Answer: _____
Email Address: _____

3) Name: _____
Social Security Number: _____ Date of Birth: _____
Mailing Address (City, State, Zip): _____
Physical Address (City, State, Zip): _____
Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____
City Born In: _____ Mother's Maiden Name: _____
Current or Previous Occupation: _____ Employer: _____
Government Issued-ID #: _____ Issued: _____ Expires: _____
Security Question (optional): _____ Answer: _____
Email Address: _____

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

4) Name: _____
Social Security Number: _____ Date of Birth: _____
Mailing Address (City, State, Zip): _____
Physical Address (City, State, Zip): _____
Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____
City Born In: _____ Mother's Maiden Name: _____
Current or Previous Occupation: _____ Employer: _____
Government Issued-ID #: _____ Issued: _____ Expires: _____
Security Question (optional): _____ Answer: _____
Email Address: _____

Account Activity Questions: (Not Applicable for Certificates of Deposit or Safe Deposit Boxes)

- 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 in person cash Deposits ☐ 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 in person cash Withdrawals ☐ 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) Are any applicants or applicant affiliates Politically Exposed Persons (PEP)? ☐ Yes ☐ No;
If yes, please explain in what capacity. _____

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) _____ 4) _____

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	4) _____ Signature

For Internal Use:

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

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