



___ Individual Account ___ Joint Account ___ Trust ___ Other

First Signer _____

Address _____ City _____ St _____ Zip _____

Phone(w) _____ (c) _____ (h) _____

Driver License # _____ Issue Date _____ Exp Date _____

Second Id Description and # _____

Social Sec # _____ Birthday _____

Employer _____ Occupation _____

Second Signer _____

Address _____ City _____ St _____ Zip _____

Phone(w) _____ (c) _____ (h) _____

Driver License # _____ Issue Date _____ Exp Date _____

Second Id Description and # _____

Social Sec # _____ Birthday _____

Employer _____ Occupation _____

(COPY OF DRIVERS LICENSE OR IDENTIFICATION OF ALL SIGNERS)

Email address: _____ Internet Banking ___ Yes ___ No. If so:

E-statements: ___ Yes ___ No

Debit Card ___ Yes ___ No Second signer: Debit Card ___ Yes ___ No

Order Checks ___ Yes ___ No

Information to be printed on check as follows: Starter check # _____

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. By signing below, I authorize Freedom Bank of America to check my credit and employment history and to answer questions others may ask about my credit record with the bank.

X _____ Date _____

X _____ Date _____

How did you hear about us? ___ ad/sign, ___ ref from director, ___ shholder, ___ from employee, ___ from exist customer, ___ employer, ___ Other

If you have any questions please feel free to contact Lilly Castro, Dotti Willits at 727-820-8600 or Fax to 727-820-0161 Rev. 03/2011



Payment Authorization Form

To: _____
Company/Organization Name

Company Address

City/State/Zip

Subject Account Number

From: _____
Your Name

Your Address

City/State/Zip

To Whom It May Concern;

Please redirect my automatic payment for the above account number to my new bank account as instructed below.

Freedom Bank of America
Routing Number: 063115741
Account Number: _____

If you have any questions about this request, please contact me at the following number: _____.

Signature

Date

Signature

Date



Account Closure Request Form

To: _____
Bank Name

From: _____
Your Name

Your Address

City/State/Zip

To Whom It May Concern;

Please accept this letter as authorization to close the following account(s) with your financial institution.

Account # _____ Type _____

Account # _____ Type _____

Account # _____ Type _____

Please send any funds remaining to the address above. If you have any questions about this request, please contact me at the following number: _____.

Signature

Date

Signature

Date



Account Closure Checklist

Before closing your account, make sure the following have been completed:

- All checks have cleared your existing account
- All automatic withdrawals and deposits have been switched to your new Freedom Bank account
- Remaining checks, deposit slips, debit and/or ATM cards have been destroyed