



FREEDOM BANK

Personal Account

Branch:
Banker:
How did you hear about us:

Ownership:

Type of Account: Account Number:

Type of Account: Account Number:

First Signer:

Street:
City: State:
Zip Code:

Phone: Work: Cell: Home:
Email Address:

Drivers License # Issue Dt: Exp Dt:

Second ID Description & #:

Social Security # Birth Date:

Employer: Occupation:

Second Signer:

Street:
City: State:
Zip Code:

Phone: Work: Cell: Home:
Email Address:

Drivers License # Issue Dt: Exp Dt:

Second ID Description & #:

Social Security # Birth Date:

Employer: Occupation:

Services:

Internet Banking: Username: E-statements
First Signer Bk Card: Second Signer Bk Card:
Order Checks: Starting Check Number:

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 to verify the information provided at account opening.

X Date:

X Date:

MEMBER FDIC

FOR INTERNAL USE

CARD# CARD#

COMPLETED BY: DATE COMPLETED:



FREEDOM BANK

Business Account

Branch: _____
Banker: _____
How did you hear about us: _____

Ownership: _____

Type of Account: _____ Account Number: _____

Business Name: _____
Address: _____ City: _____
State: _____ Zip: _____
Phone: _____ Tax ID#: _____
Type of Business: _____

SERVICES:

Online Banking: _____ Username: _____ E-statements: _____
Debit Card: _____ Order Checks: _____ Starting Check #: _____
Is the business involved in Internet Gaming/Gambling: _____

PLEASE ATTACH COPIES OF IDENTIFICATION FOR ALL SIGNERS

Name: _____ Title: _____
SSN#: _____ DOB: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Primary ID: _____ 2nd ID: _____ Email: _____
Employer: _____ Occupation: _____ (if retired, previous employer/occupation)
Is the customer or a close associate or family member of a senior foreign political figure: _____

Name: _____ Title: _____
SSN#: _____ DOB: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Primary ID: _____ 2nd ID: _____ Email: _____
Employer: _____ Occupation: _____ (if retired, previous employer/occupation)
Is the customer or a close associate or family member of a senior foreign political figure: _____

Name: _____ Title: _____
SSN#: _____ DOB: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Primary ID: _____ 2nd ID: _____ Email: _____
Employer: _____ Occupation: _____ (if retired, previous employer/occupation)
Is the customer or a close associate or family member of a senior foreign political figure: _____

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 to verify the information provided at account opening.

X _____ Date: _____

X _____ Date: _____

MEMBER FDIC

FOR INTERNAL USE

CARD# _____ CARD# _____

COMPLETED BY: _____ DATE COMPLETED: _____



FREEDOM BANK

Direct Deposit 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 direct deposit for the above account number to my new bank account as instructed below.

Freedom Bank Routing Number: 063115741 Account Number: _____

Account Type: _____ Checking _____ Savings

Effective: _____ Immediately _____ Beginning ____/____/____

Deposit Instructions: _____ Deposit the entire amount to account number _____
_____ Deposit \$_____ to account # _____ and
the remainder to account # _____.

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

Signature _____

Date _____

Signature _____

Date _____

(Attach voided check from new account)



F R E E D O M B A N K

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
Routing Number: 063115741
Account Number: _____

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

Signature

Date

Signature

Date



FREEDOM BANK

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



FREEDOM BANK

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