Business Name _____ Date _____ Account Number(s) _____

Liberty Bank

Status:
- [ ] New Account
- [ ] Existing Account/Updating Signers

Additional Access:
- [ ] Debit Card
- [ ] Online Banking

# Authorized Signer Application

| | | | |
|---|---|---|---|
| Customer Name (First, Middle,Last) | | | TIN |
| Physical Address | City, State | | Zip |
| Mailing Address | City, State | | Zip |
| Home Phone | Work Phone | | Cell Phone |
| Identification # | Issue Date | Expiration Date | Type |
| Date of Birth | Mother's Maiden Name | | City,State of Birth |
| Occupation (Business name & Title) | Password for Identification Verification | | Password Hint |
| Email Address | | | |

**- - - Bank Use Only - - -**

- [ ] ChexSystems/OFAC
- [ ] Online Access
- [ ] Debit Card

Uploaded/Completed By _____ Date _____

**New Account Audit Record**

| | | | | | | |
|---|---|---|---|---|---|---|
| [ ] | Customer Name | [ ] | Copy of ID | [ ] | Occupation | Comments: |
| [ ] | TIN/SSN | [ ] | Date of Birth | [ ] | Account Number(s) | |
| [ ] | Address | [ ] | MMN | [ ] | ChexSystems/OFAC | |
| [ ] | Phone | [ ] | Place of Birth | [ ] | Sig Card Signed | |

Audited By _____ Date _____