DATE _____ ACCOUNT NUMBER(S) _____

Account Type:

- [ ] Essential Checking
- [ ] Interest Checking
- [ ] Student Checking
- [ ] Essentials Plus Checking
- [ ] Safe Deposit Box
- [ ] Money Market
- [ ] Savings
- [ ] Student Savings
- [ ] Essentials Plus Savings
- [ ] Certificate of Deposit term: _____
- [ ] IRA/SEP/HSA apy: _____

Account Services:

- [ ] Visa Debit Card
- [ ] Online Banking
- [ ] Credit Card
- [ ] Overdraft Protection
- [ ] _____
- [ ] _____

Consumer Account Application

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

Payable on Death Beneficiary (Optional)

POD #1 Name:	Phone:	DOB:	TIN:
Address:			
POD #2 Name:	Phone:	DOB:	TIN:
Address:			

"to better understand your needs…"

What is the expected activity for this account: (ex. Payroll ACH, ATM, Wires, Cashier's Checks)			
Avg Monthly Balance:	Avg $ Cash Deposit/each:	Avg $ Cash Withdrawal/each:	
# of ACHs per month:	Avg $ ACH/each:	ACHs Origination:	[ ] U.S. [ ] International
# of Wires per month:	Avg $ Wire/each:	[ ] Incoming [ ] Outgoing	[ ] U.S. [ ] International
# of Cashiers Checks/month:	Avg $ Cashiers Check/each:	Why did you choose Liberty Bank?	

- - - Bank Use Only - - -

Source of funds:	Opening Deposit:	BSA-Risk Code:

[ ] ChexSystems/OFAC [ ] Online Access [ ] Checks Ordered [ ] OD Protection

Uploaded/Completed By _____ Date _____

New Account Audit Record

[ ]	Customer Name	[ ]	Address/Phone	[ ]	Occupation	[ ]	BSA Boxes completed	Comments:
[ ]	TIN/SSN	[ ]	Date of Birth	[ ]	Account Number(s)	[ ]	How funded & total	
[ ]	Beneficiary Name	[ ]	MMN	[ ]	ChexSystems/OFAC	[ ]	Sig Card Signed	
[ ]	TIN/SSN	[ ]	Place of Birth	[ ]	Copy of ID			

Audited By _____ Date _____