



Opportunity Bank[®] OF MONTANA

Account Owner and/or Authorized Signer Information Worksheet

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 for 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.

Account Owner/Signer Information:

First Name: _____ Last _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip+4: _____

Home Phone #: _____ Daytime Phone #: _____ Cell #: _____

Social Security #: _____ - _____ - _____ Fax #: _____ Email: _____

Driver's License #: _____ (OR other approved photo ID#) Issuing State: _____

Issue Date: ____/____/____ Exp. Date: ____/____/____

*Please Note: Federal regulation requires that the Bank have on file verification of Customer's identification. Please attach a photocopy of driver's license or other unexpired government-issued photo identification if requested.

Date of Birth: ____/____/____ Mother's Maiden Name: _____

Years at residence: _____ Own/Rent (Circle One) County: _____

Employer: _____ Telephone #: _____

Address: _____ City/State/Zip: _____

Type of Business: _____ Occupation/Title: _____

If retired, please list retired occupation: _____

Employed from Date: ____/____/____ Number of years in this profession: _____

Are you currently a United States citizen? Yes No

Have you resided in the state of Montana for the past 5 years? Yes No

If No, please identify state(s) of residence: _____

How did you hear about us? _____ Are you interested in: Debit/ATM Card or Safety Deposit Box

The information I have provided is correct to the best of my knowledge. I authorize Opportunity Bank of Montana to check credit and/or employment history should it deem necessary. Verification of all account information provided by ChexSystems or Equifax.

X _____ Date: _____

To Be Completed By Bank Personnel

ChexSystems: See Attached Additional Comments: _____

OFAC tracking data: Match No Match Customer Prior to 10/2003 Y / N

Bank Use: Branch: _____ Employee: _____

Verification of Information: x _____ Date _____

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Acceptable Forms of Identification:

Primary ID

- Driver's License
- State ID
- Commercial Driver's License
- Military ID
- Federal Government employee ID Card/Passport
- Permanent Resident Card
- Alien Resident Card
- Nonresident Alien Board Crossing Card
- Nonimmigrant Visa and Border Crossing Card
- Employment Authorization Card

Secondary ID

- Social Security Card
- Voter Registration Card
- Credit Card
- Student ID
- Tribal ID
- Employer-issued ID
- Property Tax Bill
- Utility Bill
- Bank Statement
- Firearm License
- Insurance Card