



BANK OF MONTANA

MONTANA'S BUSINESS BANK

Business Deposit Account Enrollment Form

Date _____

Business:

Business Name _____

Tax ID # _____

Physical Address _____

P.O. Box _____

City, State, Zip _____

Business Phone _____

Fax Number _____

Email Address _____

Type of Entity C Corporation S Corporation General Partnership

Sole Proprietorship Ltd. Partnership Association Municipality

Limited Liability Partnership Limited Liability Corporation Non Profit 501(c)3

Non Profit other

State of Incorporation _____

Date Established _____

Name of Business Owner/Primary Contact _____

Contact Title _____

Contact Phone _____

Account Signer(s):

Name _____

Social Security # _____ **Date of Birth** _____

Physical Address _____

P.O. Box _____

City, State, Zip _____

Business Phone _____

Home Phone _____

Cell Phone _____

Fax Number _____

Email Address _____

Employer and Occupation _____

Driver's License # _____ **Driver's License Issue Date** _____

Driver's License Exp. Date _____ **State of Issuance** _____

Mother's Maiden Name _____ **Password** _____

Opening Deposit \$ _____

Alternate Addresses: (for mailing or seasonal)

Street or P.O. Box _____

City, State, Zip _____

Months of Year (or Special Instructions) _____

Additional Signer (if applicable):

Name _____

Social Security # _____ Date of Birth _____

Physical Address _____

P.O. Box _____

City, State, Zip _____

Business Phone _____

Home Phone _____

Cell Phone _____

Fax Number _____

Email Address _____

Employer and Occupation _____

Driver's License # _____ Driver's License Issue Date _____

Driver's License Exp. Date _____ State of Issuance _____

Mother's Maiden Name _____ Password _____

Account Type (Circle appropriate type):

Checking:

Business Checking Private Bank Business Checking

Savings:

Business Savings Private Bank Business Savings

Money Market:

Business Money Market Private Bank Business Money Market

Certificate of Deposit:

Business Certificate of Deposit Private Bank Business Certificate of Deposit

Term _____ (months)

Referring Officer, Director, Employee, or Client _____

Do you want overdraft protection (link checking to another account)? Yes _____ No _____

Account # you wish to use _____

Would you like to order checks through the Bank of Montana? Yes _____ No _____

What style/quantity would you like to order? Wallet (200) _____ Duplicate (150) _____
Starting # _____

Do you have any other needs? ATM/Debit Card _____ Automatic Transfers _____

Direct Deposit _____ Wire Instructions _____

On-line Banking _____ Overdraft Line of Credit _____

Bill Payment _____ Combined Statement _____

Receive your Statements on Line _____

Documentation required:

For accounts in a Trust name: Copy of the Trust Agreement.

For accounts with a POA: Copy of the Power of Attorney.

For business accounts: Copy of Articles of Incorporation.

Special Instructions: _____

I (We), the undersigned, hereby apply for an account at the Bank of Montana and for the issuance of evidence thereof, in the name(s) described on this application. I (We) authorize the Bank of Montana to make such credit inquiries or exchange such credit information which it may deem appropriate to establish this account.

Customer Signature

Date

Customer Signature

Date