



FREEDOM BANKING REGISTRATION FORM

SS2105

Please complete all information below. Your *FreedomBanking* link at www.SocorroBanking.com will be available within 24 hours. Your password will be the same as the Client ID name you select until you change it the first time you logon. **Items marked with * are required fields.**

Request Date: _____

Household Information

* Your Household Name: _____
Examples: The Smith Family; Barb & Joe Smith; Bob & Sally Household

* Mailing Address: _____

* Household Phone #: _____

FAX Number: _____

Individual Client Information – User #1

* Client ID (*this is your logon name – i.e. jsmith*): _____

* Last Name: _____

* First Name: _____

* Mailing Address: _____

* City: _____

* State: _____

* Zip: _____

* Day Phone: _____

Evening Phone: _____

* Email Address: _____

* Social Security/Tax I.D. Number: _____

* Birth Date: _____

* Security Name (*this is a name only you know – i.e. your mother's maiden name*): _____

* Security Question: _____

(a question such as "What is my dog's name")

* Security Answer: _____

Account Access Information

Please list all accounts for which you would like *FreedomBanking* access. You can access your checking, savings, loan, CD and IRA accounts.

Account #: _____	Type: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan	<input type="checkbox"/> CD	<input type="checkbox"/> IRA
_____	Type: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan	<input type="checkbox"/> CD	<input type="checkbox"/> IRA <input type="checkbox"/> Ready Reserve
_____	Type: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan	<input type="checkbox"/> CD	<input type="checkbox"/> IRA <input type="checkbox"/> Ready Reserve
_____	Type: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan	<input type="checkbox"/> CD	<input type="checkbox"/> IRA
_____	Type: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan	<input type="checkbox"/> CD	<input type="checkbox"/> IRA
_____	Type: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan	<input type="checkbox"/> CD	<input type="checkbox"/> IRA

Bill Pay account # (this is the account that will be debited when using Bill Pay): _____

I decline the Bill Pay Option

Customer's Signature: _____

Processed by (FSB employee initials): _____ Date Processed: _____

Individual Client Information – User #2

- * Client ID (*this is your logon name – i.e. jsmith*): _____
- * Last Name: _____ * First Name: _____
- * Mailing Address: _____
- * City: _____ * State: _____ * Zip: _____
- * Day Phone: _____ Evening Phone: _____
- * Email Address: _____
- * Social Security/Tax I.D. Number: _____
- * Birth Date: _____
- * Security Name (*this is a name only you know – i.e. your mother’s maiden name*): _____
- * Security Question: _____
(*a question such as “What is my dog’s name”*)
- * Security Answer: _____

Account Access Information

Please list all accounts for which you would like *Freedom Banking* access. You can access your checking, savings, loan, CD and IRA accounts.

Account #:	_____	Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan	<input type="checkbox"/> CD	<input type="checkbox"/> IRA
	_____	Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan	<input type="checkbox"/> CD	<input type="checkbox"/> IRA <input type="checkbox"/> Ready Reserve
	_____	Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan	<input type="checkbox"/> CD	<input type="checkbox"/> IRA <input type="checkbox"/> Ready Reserve
	_____	Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan	<input type="checkbox"/> CD	<input type="checkbox"/> IRA
	_____	Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan	<input type="checkbox"/> CD	<input type="checkbox"/> IRA
	_____	Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan	<input type="checkbox"/> CD	<input type="checkbox"/> IRA

Bill Pay account # (this is the account that will be debited when using Bill Pay): _____
 I decline the Bill Pay Option

Customer’s Signature: _____

Processed by (FSB employee initials): _____ Date Processed: _____

Individual Client Information – Additional Users

For additional users, please complete a separate page 2.