



PO Box 922, Lame Deer, MT 59043
Phone: 406-477-8411
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Savings Account Form

Savings Account Use (Please check one): ___ Individual; ___ Business; ___ Group

Name on Account: _____

Account Owner(s) Name(s): _____

Mailing Address: PO BOX _____ City: _____ State: ___ Zip: _____

Physical Address: _____

Main Phone #: _____ Other Phone #: _____

*****Tribal or State Documentation for Business, Organization, Church or Company is needed to open Savings Account*****

Authorized individuals to withdrawal from this account:

This savings account will be permanent, although there is no balance requirement to stay open. Any changes to the account will need to be made by the authorized individuals creating this form. *

By Signing below, I authorize Courtesy Cash, Inc. to create a Savings Account for the listed individual or organization.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

CCI Staff Only	
Manager Approval: _____	Date: _____
ICR Account Created Date: _____	Acct. Created By: _____