



Business Bank Account Application

Existing customer Current Officer: _____ Branch: _____

To process your application, please provide the following information:

Name of Entity or Individual _____

Form of Organization:

- Corporation State where incorporated _____ Date _____
- Limited Liability Company State where organized _____ Date _____
- Limited Partnership State where agreement filed _____ Date _____
- Joint Venture Written Agreement? Y or N _____ If yes, date _____
- General Partnership Written Agreement? Y or N _____ If yes, date _____

Tax ID #: _____ Publicly Traded Yes No

Sole Proprietor Social Security Number (Sole Proprietor or single member LLC only) _____

Physical Address City State Zip Code

Alternate Mailing Address City State Zip Code

Phone Fax Website

Description of Business

How did you hear about us		Purpose of the account			
Please check	<input type="checkbox"/> Deposits	Frequency	_____	Avg Amount	_____
services you	<input type="checkbox"/> Wire Transfers	Frequency	_____	Avg Amount	_____
expect to use	<input type="checkbox"/> International transactions	Frequency	_____	Avg Amount	_____

Does this business currently have an ATM? Yes No

Does this business currently provide financial services; check cashing, currency sale or exchange, prepaid access devices, sell or redeem traveler's checks or money orders, money transmissions Yes No

Does this business participate in or receive funds from any type of gambling or gaming? Yes No

 X _____ Date: _____
Signature of Signer/ Owner and Title

Authorized Signers

Name (First) _____ (MI) _____ (Last) _____

Address _____ City, State, Zip _____

Email Address _____

Home _____ Work _____ Cell _____

Social Security # _____ DOB _____ ID _____

Position within Business _____

Name (First) _____ (MI) _____ (Last) _____

Address _____ City, State, Zip _____

Email Address _____

Home _____ Work _____ Cell _____

Social Security # _____ DOB _____ ID _____

Position within Business _____

Name (First) _____ (MI) _____ (Last) _____

Address _____ City, State, Zip _____

Email Address _____

Home _____ Work _____ Cell _____

Social Security # _____ DOB _____ ID _____

Position within Business _____

Name (First) _____ (MI) _____ (Last) _____

Address _____ City, State, Zip _____

Email Address _____

Home _____ Work _____ Cell _____

Social Security # _____ DOB _____ ID _____

Position within Business _____

For Bank Use

Rep: _____ Location: _____ Date: _____ Opening Deposit _____

Account # _____ NACIS Code _____ Chex Systems ODP: _____

Print Suppression-COMNOT YES (under sweep notices) Field 170 Stmt Sort: _____

Mobile Deposit Online Banking E-Statement Checks Ordered Debit Card

ACH RDC Wires Positive Pay: _____ Lockbox Loan Sweep

Acct Type: Y13 Y10 MMkt CD: Term _____ Other: _____

For analyzed Accts: Waive Field 495 & 434 Lead AA Affiliated Acct: _____