



Business Account Information Sheet

PLEASE PRINT ALL INFORMATION

Date: _____

Account Name: _____

Type of Business: _____

EIN#: _____ Phone Number: _____

Fax Number: _____ E-mail Address: _____

Address: _____ Mailing Address: _____

Authorized Signer/s Information

Name 1: _____ Name 2: _____

Title: _____ SSN#: _____ Title: _____ SSN#: _____

Mother's Maiden Name: _____ Mother's Maiden Name: _____

Name 3: _____ Name 4: _____

Title: _____ SSN#: _____ Title: _____ SSN#: _____

Mother's Maiden Name: _____ Mother's Maiden Name: _____

*****Please provide us a copy of your ID/driver's license for each authorized signer.*****

Ownership of Account (Documents Required)

- ___ Corporation
- ___ Sole Proprietorship
- ___ Partnership/Joint Venture
- ___ Limited Liability Company
- ___ Trust/Estate
- ___ Title/Escrow
- ___ Unincorporated Association
- ___ Other

Type of Account/Commercial

- ___ Regular Business Checking
- ___ Commercial Checking/Analysis
- ___ Interest Checking (Non-Profit/Sole Prop. Only)
- ___ Commercial Money Market
- ___ Time Deposit Term: _____ Rate: _____
- ___ Business Savings
- ___ Sweep Account
- ___ *Promo Account: _____

Additional Products

- ___ Online Banking ___ Debit/ATM Card ___ Remote Deposit ___ Merchant Deposit
- ___ Overdraft Protection ___ Check Order: _____

___ Other (specify): _____ Referred by/Account Officer: _____