



Business Deposit Account Application

Account Type Information:

Type of Account:

Transaction Accounts (choose one below)

- BusinessBasics Checking
- BusinessChoice Checking

Savings Accounts (choose one below)

- Money Market Account
- Certificate of Deposit

Term: _____

Entity Information:

- Corporation
- DBA

- LLC
- Other: _____

- Partnership

Entity Name: _____

Address: _____ Tax ID Number: _____

City, State, Zip: _____ Phone #: _____

Email Address: _____

Signer Information:

- Authorized Signer
- Owner
- Other: _____

First Name: _____ Middle: _____ Last: _____

Address: _____ Date of Birth: _____

City, State, Zip: _____ Soc Sec Number: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Signer Information:

- Authorized Signer
- Payable on Death Benef.
- Other: _____

First Name: _____ Middle: _____ Last: _____

Address: _____ Date of Birth: _____

City, State, Zip: _____ Soc Sec Number: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Certification:

I certify that everything stated in this application is correct and I further certify that I am authorized to open this type of account on behalf of this business.

Print Name

Print Name

Signature

Signature

Date

Date