



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
- LLC
- Partnership
- DBA
- Other: _____

Entity Name: _____

Address: _____ Tax ID Number: _____

City, State, Zip: _____ Phone #: _____

Email Address: _____

Signer Information:

- Authorized Signer
- Sole Proprietor
- 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 authorize the Bank to check credit account and employment history and/or have a credit reporting agency prepare a credit report. I certify that I am authorized to open this account on behalf of this business and everything stated in this application is correct.

Print Name, Title

Signature

Date



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Authorized Signer 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 Other: _____

First Name: _____ Middle: _____ Last: _____

Address: _____ Date of Birth: _____

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

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Nature and Purpose of Account

Type of Business: _____

Purpose of Account: _____