



## Information Needed to Open a New Business Account

### ACCOUNT TYPE

- |   |   |
|---|---|
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Money Market Account   |
| <input type="checkbox"/> Savings Account  | <input type="checkbox"/> Certificate of Deposit |

Account Ownership: ☐ Sole Proprietorship ☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Non-Profit ☐ Other \_\_\_\_\_

### BUSINESS

Business Name				EIN Number	
Business Address (Physical Address)	City	State	Zip	Business Phone	
Business Address (Mailing Address) <i>Optional</i>	City	State	Zip	Fax <i>(Optional)</i>	
Forms of ID (Can consist of the following) <i>*The Bank must have a copy for its records*</i> <input type="checkbox"/> Articles <input type="checkbox"/> DBA Papers <input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Operating Agreement <input type="checkbox"/> By-laws or Charter			Issue Date (mm/dd/yy)		Issued By
			Other		

### AUTHORIZED SIGNER 1

First Name	Middle Initial	Last Name		Date of Birth		Social Security Number	
Home Address (Physical Address)		City	State	Zip	Home Phone		Business Phone
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit		1 <sup>st</sup> ID Number			Issue Date (mm/dd/yy)		Expiration Date (mm/dd/yy)
		2 <sup>nd</sup> ID Number			Issue Date (mm/dd/yy)		Expiration Date (mm/dd/yy)
Birth City		Mother's Maiden Name			Position in Company		
Email Address							

### AUTHORIZED SIGNER 2

First Name	Middle Initial	Last Name		Date of Birth		Social Security Number	
Home Address (Physical Address)		City	State	Zip	Home Phone		Business Phone
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit		1 <sup>st</sup> ID Number			Issue Date (mm/dd/yy)		Expiration Date (mm/dd/yy)
		2 <sup>nd</sup> ID Number			Issue Date (mm/dd/yy)		Expiration Date (mm/dd/yy)
Birth City		Mother's Maiden Name			Position in Company		
Email Address							

**AUTHORIZED SIGNER 3**

First Name	Middle Initial	Last Name	Date of Birth	Social Security Number	
Home Address (Physical Address)		City	State	Zip	Home Phone Business Phone
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit		1 <sup>st</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)
		2 <sup>nd</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)
Birth City		Mother's Maiden Name		Position in Company	
Email Address					

**AUTHORIZED SIGNER 4**

First Name	Middle Initial	Last Name	Date of Birth	Social Security Number	
Home Address (Physical Address)		City	State	Zip	Home Phone Business Phone
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit		1 <sup>st</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)
		2 <sup>nd</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)
Birth City		Mother's Maiden Name		Position in Company	
Email Address					

**AUTHORIZED SIGNER 5**

First Name	Middle Initial	Last Name	Date of Birth	Social Security Number	
Home Address (Physical Address)		City	State	Zip	Home Phone Business Phone
Two Forms of ID (Can consist of the following) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID Card <input type="checkbox"/> Military ID <input type="checkbox"/> Valid Debit/Credit Card <input type="checkbox"/> Firearm's Permit		1 <sup>st</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)
		2 <sup>nd</sup> ID Number		Issue Date (mm/dd/yy)	Expiration Date (mm/dd/yy)
Birth City		Mother's Maiden Name		Position in Company	
Email Address					

**\* All businesses and signers must pass Chex-Systems. Please include evidence of the two forms of identification for each signer. \***