

Information Needed to Open a New Business Account

ACCOUNT TYPE ☐ Checking Account ■ Money Market Account □ Savings Account Certificate of Deposit – Term: ____ Account Ownership: Sole Proprietorship Corporation Limited Liability Company Partnership Non-Profit Other **BUSINESS Business Name** EIN Number Business Address (Physical Address) Business Phone City State Zip Business Address (Mailing Address) Optional City State Zip Fax (Optional) Forms of ID (Can consist of the following) *The Bank must have a copy for its records* Issue Date (mm/dd/yy) Issued By □ DBA Papers ☐ Partnership Agreement ☐ Operating Agreement Other ☐ By-laws or Charter **AUTHORIZED SIGNER 1** First Name Middle Initial Last Name Date of Birth Social Security Number Home Address (Physical Address) City Cell Phone **Business Phone** State Zip Two Forms of ID (Can consist of the following) 1st ID Number Issue Date (mm/dd/yy) Expiration Date (mm/dd/yy) ☐ Driver's License ☐ Passport ☐ State ID Card ☐ Military ID ☐ Valid Debit/Credit Card ☐ Firearm's Permit 2nd ID Number Issue Date (mm/dd/yy) Expiration Date (mm/dd/yy) Mother's Maiden Name Birth City Position in Company Email Address **AUTHORIZED SIGNER 2** First Name Middle Initial Last Name Date of Birth Social Security Number Home Address (Physical Address) State Zip Cell Phone **Business Phone** City Two Forms of ID (Can consist of the following) 1st ID Number Issue Date (mm/dd/yy) Expiration Date (mm/dd/yy) □ Driver's License ☐ Passport ☐ State ID Card ☐ Military ID ☐ Valid Debit/Credit Card ☐ Firearm's Permit 2nd 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	Cell Phone		Business Phone	
Two Forms of ID (Can consist of the following) Driver's License Passport State ID Card Military ID Valid Debit/Credit Card Firearm's Permit		1st ID Number			Issue Date (mm/dd/yy)		Expiration Date (mm/dd/yy)	
		2 nd ID Number			Issue Date (mm/dd/yy)		Expiration Date (mm/dd/yy)	
Birth City		Mother's Maiden Name Position i			n 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	
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Birth City		Mother's Maiden Name Position		Position in	in Company			
Email Address								
AUTHORIZED SIGNER 5								
First Name Middle Initial				Date of Birth	Date of Birth Sc		Social Security Number	
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Home Address (Physical Address)		City	State	Zip	Home Phone		Business Phone	
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☐ State ID Card ☐ Military ID ☐ Valid Debit/Credit Card ☐ Firearm's Pe	rmit	2 nd ID Number			Issue Date (mm/dd/yy)		Expiration Date (mm/dd/yy)	
Birth City		Mother's Maiden Name Positi			n in Company			
Email Address		1						

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

