



Business/Non-Personal Account Form

Account Type requested:

- Checking Savings
- Money Market-choose what type: Reg Premium
- Non-Profit Corporation LLC/LP
- IOLTA Trust
- CD Term
- CIF record only

Business Name			
Account Title			
Physical Address (Please note: PO Box holders must furnish physical address as well as mailing address)			
Mailing Address (if different from above)			
City	State	Zip Code	
Office Phone:	Fax:		
Tax ID Number		Email	
Signer (Additional authorized signers may be added using addendum) Name			
Physical Address (Please note: PO Box holders must furnish physical address as well as mailing address)			
Mailing Address (if different from above)			
City	State	Zip Code	
Phone: Home	Work	Ext	Cell
Social Security Number	Date of Birth	Email	
Beneficial Ownership: Is there anyone with 25% or more ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, then Beneficial Ownership addendum needs to be completed.			
Will the signer listed above control the account? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, then Control section on Beneficial Ownership addendum needs to be completed.			
Required Signer(s) Identification: Attach a photocopy of driver's license(s) or other photo identification(s) of each signer and/or beneficial owner:			
<input type="checkbox"/> Personal: Driver's License or Passport <input type="checkbox"/> Social Security Card <input type="checkbox"/> W8 Form			
<u>Please provide the following documentation (additional documentation may be needed depending on account type requested):</u>			
<input type="checkbox"/> Articles of Incorporation/Organization (unless Financial Institution or Govt. entity)			
<input type="checkbox"/> Corporate Resolution or Entity Authorization for authorized signers			
Officer to code account to:			
Requested by:		Date:	
Entered by:		Date:	

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