## **NEW COMMERICIAL CHECKING ACCOUNT APPLICATION**

Type of Entity:Corporatio						rietorship	
Business Name:							
Physical Address: Mailing							
**Tax ID Number: Phone: Alt Phone:							
**Please see Business Guide				AIT Phoi	ne:		
Trease see business duide	To Determine Type	oj rux ib requ				<u> </u>	
Authorized Signers & Titles	Social Security #	Date of Birth	ID Type	Issued By	ID#	lssue Date	Exp Date
The following doc	l cuments may be re	quired to verify	the iden	tity and/o	r existence of th	ne business.	
Corporation (TIN)  _Articles of Incorporation  _Corporate Resolution  _Certificate of Good Standing with Sec of State  _By-Laws  Sole Proprietorship (SSN)  _Primary ID of Owner  _Certification of Trade Name Filing or Busines  _Association (Churches, Charities, Non-Profit, Company)  _Minutes							
LLC (SEE NOTE) Operating AgreementCorporate ResolutionCertificate of Good Standing with Sec of State  LLC Multiple Members (TIN), Single Member (TIN), Single Owner (SSN)			Copy of IRS Letter awarding tax except/non-profit status Unexpired business license or DBA name registration  Decedent's Estate (TIN) Certified copy of court order naming personal rep				
LLP (TIN) Partnership Agreement Corporate Resolution			Guardianship Estate (Beneficiary's SSN)  Certified copy of court order naming personal rep				
Certificate of Good Standing with Sec of State  General Partnership (TIN, can be SSN RARELY)			Formal Trust (TIN)Trust Agreement or Written Certification by attorney who prepared trust				
Partnership AgreementCopy of IRS letter assigning T		WIIO	prepared	rtrust			
Unexpired Business License DBA Name Registration			***All Accounts***				
			Risk AssessmentOFACTIN Verification				
			Copy	of IDs .	ked Flag Docul	mentation	
IMPORT To help the government fight t institutions to obtain, verify an when you open an account, we you. We may also ask to see you may be requested to verify the account opening procedure.	d record information will ask for your nar our driver's license o	sm and money la that identifies e me, address, date r other identifyin	undering ach person of birth a	activities, F in who oper and other ir ents. The bu	ederal law requirns an account. Whiformation that was incess documen	res all financia /hat this mear vill allow us to ts referenced	ns for you: identify above
Signature			 Signatu	re			
Signature Account Number:		Date opened: _	Signatu		Ву:		

DEPOSIT AMOUNT: \$\_\_\_\_\_\_ BY CHECK / CASH / TRANS ACCT# \_\_\_\_\_