



New Account Worksheet - Business Accounts

Business Checking Premium Checking **Type of Account:** Business Statement Savings Business Money Market

Ownership of Account

- Corporation
- Limited Liability Co
- Sole Proprietor/DBA
- Association/ Non-Profit
- Partnership/Limited Partnership

Documents Required

- Articles of Incorporation & Tax ID/EIN #
- Articles of Organization & Tax ID/EIN#
- Business License & Tax ID#/SSN
- Articles/Meeting Minutes/Operating Agreement/501-3C
- Partnership Papers and Business License, or Certificate of Limited Partnership

Name/Title of Account

Address:
Mailing Address:
SSN/Tax ID Number:

Home Phone:
Work Phone:

Signers:

Name:
Social Security #
Address:
City, State Zip:
Work Phone:
Date of Birth:
Employer:

Title:
Drivers License #
Issue Date: Exp. Date:
City of Birth:
Mothers Maiden Name:
Home Phone:
Occupation:

Signers:

Name:
Social Security #
Address:
Work Phone:
City, State Zip:
Date of Birth:
Employer:

Title:
Drivers License #
Issue Date: Exp. Date:
Home Phone:
Mothers Maiden Name:
City of Birth:
Occupation:
Issue Date:

Signers:

Name:
Social Security #
Address:
City, State Zip:
Work Phone:
Date of Birth:
Employer:

Title:
Drivers License #
Issue Date: Exp. Date:
Home Phone:
Mothers Maiden Name:
City of Birth:
Occupation:

Opening Deposit: \$ _____

ATM Deposit Cards: Yes No

Business Courier Service: Yes No

Check Order: Yes No

Deposit Tickets: Yes No

Endorsement Stamp: Yes No

Visa Business Check Card: Yes No

Elan Credit Card Yes No

Line of Credit Yes No

Courier Service Yes No