

**NEW ACCOUNT/CUSTOMER INFORMATION WORKSHEET  
(FOR COMMERCIAL/BUSINESS ACCOUNTS)**

**NEW CHECKING/SAVINGS ACCOUNT CUSTOMER INFORMATION IS VERIFIED THROUGH TELECHECK.**

Commercial/Business Checking Account (Minimum to Open - \$200.00)  
Order Checks? \_\_\_\_\_ Order Debit Card(s)? \_\_\_\_\_

**Interest bearing Checking Accounts may also be available.**

Commercial/Business Savings Account (Minimum to Open - \$100.00)

Certificate of Deposit (Minimum to Open - \$1,000.00)

PLEASE INDICATE TYPE OF BUSINESS OWNERSHIP:

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Proprietorship       | <input type="checkbox"/> Corporation                 |
| <input type="checkbox"/> General Partnership       | <input type="checkbox"/> Limited Partnership         |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Association or Organization |
| <input type="checkbox"/> Other: _____              |  |

**\*\*\*\*\*SUPPORTING DOCUMENTATION WILL BE REQUIRED FOR TYPE OF BUSINESS OWNERSHIP INDICATED ABOVE.**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\*Please note: PO Box holders must furnish physical address as well as mailing address.

Tax ID: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

**ON THE BACK OF THIS FORM, PLEASE COMPLETE INFORMATION  
REQUIRED FOR EACH AUTHORIZED SIGNER ON THE ACCOUNT TO BE  
OPENED.**

**(OVER)**

**AUTHORIZED SIGNER INFORMATION:**

**\*Please note:** *Federal regulation requires that the Bank have on file verification of customer's identification. Please provide your current driver's license or other photo identification and social security card for each signer.*

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address\*: \_\_\_\_\_  
\_\_\_\_\_

\*(Please note: PO Box holders must also furnish physical address)

Previous Address: \_\_\_\_\_  
(If at current address  
less than 2 years \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Driver's License/ID Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work #: \_\_\_\_\_ Ext #: \_\_\_\_\_

\*\*\*\*\*

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address\*: \_\_\_\_\_  
\_\_\_\_\_

\*(Please note: PO Box holders must also furnish physical address)

Previous Address: \_\_\_\_\_  
(If at current address  
less than 2 years \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Driver's License/ID Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work #: \_\_\_\_\_ Ext #: \_\_\_\_\_

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