



New Account Information Worksheet (Please type or print all information)

Date: _____

Account Title: _____

Account Subtitle (if any): _____ **Tax Identification Number (required):** _____

Physical Location: _____

Statement Address: _____

Telephone Number: _____ **Facsimile (Fax) Number:** _____

Please note that the fields below in bold are required information fields for **all** authorized business signers. Sole proprietors must provide a home address as well as their social security number. We will not be able to open a business account unless this information is provided for all authorized business signers. All other information fields are not required for authorized business signers but **are required** for all consumers unless otherwise noted.

PERSONAL INFORMATION	<u>SIGNER 1</u>	<u>SIGNER 2</u>	<u>SIGNER 3</u>	<u>SIGNER 4</u>
Authorized Signer's Name**				
Signer's Title				
Social Security Number				
Home/Mailing Address				
City, State, Zip Code				
Home Phone				
Employer/Occupation				
Employer's Address				
Business Phone**				
Email Address <i>(if available)</i>				
Date of Birth				
Birthplace				
Mother's Maiden Name				
Driver's License Number**		Exp.		Exp.
Secondary ID <i>(if obtained)</i>		Exp.		Exp.

BUSINESS ACCOUNT TYPES					
Totally Free Business Checking	<input type="checkbox"/>	Business Interest Checking	<input type="checkbox"/>	Attorney-Client Trust Interest Checking	<input type="checkbox"/>
Premier Money Market	<input type="checkbox"/>	Business Savings	<input type="checkbox"/>	Certificate of Deposit	<input type="checkbox"/>

PERSONAL ACCOUNT TYPES							
Totally Free Checking	<input type="checkbox"/>	Totally Free Interest Checking	<input type="checkbox"/>	High Yield Checking	<input type="checkbox"/>	Premier Money Market	<input type="checkbox"/>
Personal Savings	<input type="checkbox"/>	Certificates of Deposit	<input type="checkbox"/>	Individual Retirement Account	<input type="checkbox"/>		

SERVICES / PRODUCTS REQUESTED											
Telephone Transfer Agreement	<input type="checkbox"/>	Wire Transfer Agreement	<input type="checkbox"/>	VIPBanker – Online Services	<input type="checkbox"/>	Positive Pay	<input type="checkbox"/>	Foreign Exchange	<input type="checkbox"/>	Loans	<input type="checkbox"/>
Messenger/Courier Service	<input type="checkbox"/>	ATM/Debit Card	<input type="checkbox"/>	Remote Deposit Service	<input type="checkbox"/>	Lockbox Services	<input type="checkbox"/>	Merchant Services	<input type="checkbox"/>		

DOCUMENTATION RECEIVED							
CORPORATE	PARTNERSHIP	LIMITED LIABILITY COMPANY	SOLE PROPRIETORSHIP				
Articles of Incorporation	<input type="checkbox"/>	Partnership Agreement	<input type="checkbox"/>	Articles of Organization	<input type="checkbox"/>	Fictitious Business Name Statement, if applicable OR	<input type="checkbox"/>
Corporate Minutes or Certificate of Domestic Stock	<input type="checkbox"/>	Certificate of Limited Partnership (Form LP-1)	<input type="checkbox"/>	Statement of Information OR Operating Agreement	<input type="checkbox"/>	Copy of the Proof of Newspaper Publication OR	
Fictitious Business Name Statement, if applicable*	<input type="checkbox"/>	Certificate of Limited Liability Partnership (Form LLP-1)	<input type="checkbox"/>	<i>(Please note that it is preferable to obtain a filed copy of the Statement of Information. The Operating Agreement should be obtained if the filed copy of the Statement of Information has not been received.)</i>		Copy of the Fictitious Business Name Statement from the County's Website	
Certificate of Qualification, if the corporation is engaged in intrastate transactions	<input type="checkbox"/>	Joint Venture Agreement	<input type="checkbox"/>				
Registration of Corporate Name from the Secretary of State, if the corporation is not engaged in intrastate business OR Certificate of Good Standing from the State or Place in which it is Organized, if the corporation is not engaged in intrastate business	<input type="checkbox"/>	Fictitious Business Name Statement, if applicable*	<input type="checkbox"/>	Applicable Documentation for each Entity that is a Manager or Managing Member	<input type="checkbox"/>		
						* May utilize any of the above-referenced as evidence of Fictitious Name for other entity types	

BANK USE						
Source	Walk-in (W) <input type="checkbox"/>	Direct Mail Recipient (D) <input type="checkbox"/>	Tell a Friend Referral (T) <input type="checkbox"/>	Calling Officer (C) <input type="checkbox"/>	Existing Customer (E) <input type="checkbox"/>	Other (O) <input type="checkbox"/>
Check Style	Single <input type="checkbox"/>	Duplicate <input type="checkbox"/>	Starting Number:	Quantity:	Color:	Account Officer: Input by: Called Back by:
Deposit Tickets	None <input type="checkbox"/>	Single <input type="checkbox"/>	Duplicate <input type="checkbox"/>	Triplicate <input type="checkbox"/>		
Endorsement Stamp	None <input type="checkbox"/>	Self-inking <input type="checkbox"/>	Stamp & Pad <input type="checkbox"/>			