

Authorized Signers Information Sheet

IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR OR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you apply for or open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying Documents

Entity Name:

Authorized Signer Name

(Prefix) (First) (Middle) (Last) (Suffix)

Title:

Residential Street Address:

(No PO Box address)

Street: _____

City: _____

State: _____ Zip Code: _____ Country: _____

Date of Birth: _____ (MM/DD/YYYY)

Social Security Number / Tax ID #: _____ SSN Tax ID

US Citizen Not US Citizen, List Country of Citizenship _____

Contact Information:

Home Phone # _____

Ext: _____

Work Phone # _____

Fax # _____

Cell Phone # _____

Email Address: _____

Identification:

Please provide copy of valid ID (e.g. Driver's License, Non-Driver's ID, Passport, Military ID)

Type of ID: _____

Issued By: _____ ID Number: _____
(State / Country / Government)

Issue Date: _____ Expiration Date: _____

I am using a Facsimile signature or Laser signature image? NO YES

Have Ownership for the Entity listed above? NO YES, If yes, list % of ownership _____



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