



## 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 # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Ext: \_\_\_\_\_

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: \_\_\_\_\_

(State / Country / Government)

ID Number: \_\_\_\_\_

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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☐ SSN

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