



## Deposit Account Application

### BUSINESS ACCOUNTS

Name of Business	Taxpayer I.D. Number (Sole Proprietor-Social Security Number)
Title of Account	
Address	
Statements To Be Mailed To: (If different from above)	
Type of Business Entity (check one): <input type="checkbox"/> Corporation-Profit <input type="checkbox"/> Corporation-Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Unincorporated Organization (Club, Association, etc.)	

<b>1. <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Signer</b>			
Name	Social Security Number	Mother's Maiden Name	City & State of Birth
Address			
City, State, Zip			
Social Security Number			
Home Telephone Number	Work Telephone Number	Cell Phone Number	Date of Birth
Email Address			

<b>2. <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Signer</b>			
Name	Social Security Number	Mother's Maiden Name	City & State of Birth
Address			
City, State, Zip			
Home Telephone Number	Work Telephone Number	Cell Phone Number	Date of Birth
Email Address			

Related Products Available:  Shazam Photo Check Card (checking accounts only)  
 Internet Banking  Telebank

I certify that the above information is true and complete, and authorize you to verify the above information and to obtain further information concerning my credit history and standing and deposit accounts maintained with other institutions.

Primary Applicant's Signature	Date	Joint Applicant's Signature	Date
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**Check One**

This business is not engaged in Internet gambling. In the event the business does engage in legal Internet gambling, it will notify the bank and provide proof that the gambling activity is legal.

This business is engaged in legal Internet gambling and will provide any proof required by the bank that the gambling activity is legal. We will also comply with any bank request for ongoing certification that the Internet gambling in is engaged.