



Bank Use Only	Date _____
	Branch _____
	CSR Initials _____
	Checking Account # _____
	Savings Account # _____

BUSINESS ACCOUNT SIGNERS APPLICATION

1st Account Signer	2nd Account Signer
Name _____	Name _____
Street Address _____	Street Address _____
City/State/Zip _____	City/State/Zip _____
Residence Ph. Primary: _____ Secondary: _____	Residence Ph. Primary: _____ Secondary: _____
Bus./Work Ph. Primary: _____ Secondary: _____	Bus./Work Ph. Primary: _____ Secondary: _____
Cell Ph. Primary: _____ Secondary: _____	Cell Ph. Primary: _____ Secondary: _____
E-Mail Address _____	E-Mail Address _____
Business E-Mail _____	Business E-Mail _____
Social Security # _____	Social Security # _____
Drivers License # _____ State _____	Drivers License # _____ State _____
Date of Birth _____	Date of Birth _____
Name of closest relative not living with you: _____	Name of closest relative not living with you: _____
Address _____	Address _____
Referred by: _____	Referred by: _____

IMPORTANT: Please read before signing.

I/We hereby authorize the Bank to obtain such information as it may require concerning this application and agree that such information, as well as this application shall remain the Banks property whether or not the account is opened. Upon approval, this account will be opened under a 90 day probationary period. McKenzie Banking Company/Foundation Bank, Division of McKenzie Banking Company reserves the right to close this account for reasons it deems necessary, at any time. By signing below you are certifying that the information provided is true and correct. The undersigned further authorizes the financial institution to use verification methods necessary on the undersigned, as individuals.

Signature	Signature
Title/Position	Title/Position

Bank Use Only (* = Required)

<input type="checkbox"/> 2 forms of Acceptable ID* <input type="checkbox"/> USInfosearch* <input type="checkbox"/> OFAC* <input type="checkbox"/> Disclosures* <input type="checkbox"/> BNControl /New Acct Business Worksheet (if applicable)*	<input type="checkbox"/> Loan Officer Intro <input type="checkbox"/> Check order <input type="checkbox"/> Debit/ATM Card <input type="checkbox"/> Electronic Banking Services Info	<input type="checkbox"/> Safe Deposit Box # _____ <input type="checkbox"/> Merchant Services (ePayment America) <input type="checkbox"/> Other
		<input type="checkbox"/> Scan Into Bank Mgr <input type="checkbox"/> Initial <input type="checkbox"/> Date