



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

BUSINESS ACCOUNT SIGNERS APPLICATION

1 st Account Signer	2 nd Account Signer
Name: _____	Name: _____
Physical Address: _____	Physical Address: _____
City/State/Zip: _____	City/State/Zip: _____
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
E-Mail Address: _____	E-Mail Address: _____
Business E-Mail Address: _____	Business E-Mail Address: _____
Social Security #: _____	Social Security #: _____
Driver's License #: _____ State: _____	Driver's 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: _____
City/State/Zip: _____	City/State/Zip: _____
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

<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) *	Bank Use Only (* = Required) <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"/> Scan to Bank Mgr	<input type="checkbox"/> Safe Deposit Box # _____ <input type="checkbox"/> Merchant Services (BancCard) <input type="checkbox"/> Cash Mgmt <input type="checkbox"/> Other: _____ Initial: _____ Date: _____
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