



IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Business Information

Exact Name of Entity _____

DBA or Trade Name _____

Type of Organization:

Corporation

Partnership

Sole Proprietor

LLC

Physical Address _____

Mailing Address _____

Office# _____ Fax# _____ Other# _____

Business Website _____

Tax ID Number _____ Type of Account _____

Annual Sales _____ # of Employees _____

Special instructions _____

Please complete the following information for all Authorized Signers/Officers (use additional sheets if necessary):

Authorized Signer/Officer #1

Name _____

Position/Title _____

Home Address _____

City _____ State _____ Zip _____

Home# _____ Work# _____ Mobile# _____

Social Security Number _____

Mother's Maiden Name _____

Drvr's Lc # _____ State _____ Iss. Date _____ Exp Date _____

Date of Birth _____

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals or as a business entity.

Signature _____ Date _____





Authorized Signer/Officer #2

Name _____

Position/Title _____

Home Address _____

City _____ State _____ Zip _____

Home# _____ Work# _____ Mobile# _____

Social Security Number _____

Mother's Maiden Name _____

Drvrs Lc # _____ State _____ Iss. Date _____ Exp Date _____

Date of Birth _____

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals or as a business entity.

Signature _____ Date _____

Authorized Signer/Officer #3

Name _____

Position/Title _____

Home Address _____

City _____ State _____ Zip _____

Home# _____ Work# _____ Mobile# _____

Social Security Number _____

Mother's Maiden Name _____

Drvrs Lc # _____ State _____ Iss. Date _____ Exp Date _____

Date of Birth _____

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals or as a business entity.

Signature _____ Date _____





Authorized Signer/Officer #4

Name _____

Position/Title _____

Home Address _____

City _____ State _____ Zip _____

Home# _____ Work# _____ Mobile# _____

Social Security Number _____

Mother's Maiden Name _____

Drvs Lc # _____ State _____ Iss. Date _____ Exp Date _____

Date of Birth _____

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals or as a business entity.

Signature _____ Date _____

Authorized Signer/Officer #5

Name _____

Position/Title _____

Home Address _____

City _____ State _____ Zip _____

Home# _____ Work# _____ Mobile# _____

Social Security Number _____

Mother's Maiden Name _____

Drvs Lc # _____ State _____ Iss. Date _____ Exp Date _____

Date of Birth _____

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals or as a business entity.

Signature _____ Date _____





Other Services:

Cash Management

Debit Card(s)

Remote Deposit

Merchant Services

E-Statement

Credit Card

Documentation Required to open your account may include:
Articles of Incorporation, Partnership Agreement, Fictitious Name, Occupational License, Articles of Organization, Certificate of Status, or other documentation as applicable to your entity.

Type / Style / Color of Checks: _____

If using computer-printed checks, please provide the following additional information:

- Financial Software and Version? (QuickBooks, Microsoft Money, etc.) _____
- How are checks loaded in printer? (For example, face-down or face-up.) _____
- Are checks pulled from the top or bottom in your printer? _____
- Do you want lines on your checks or "blank" checks? _____
(please note all checks include a signature line.)

Deposit Tickets:

Single

Duplicate

Triplicate

Endorsement Stamp:

Yes

No

Submitted by: _____



Accounts and Services

(Please check any Accounts and Services that you currently use or would like to use in the future.)

Business Checking	Certificate of Deposit
Business Debit Card	Commercial Loan
Business Interest Checking	Sweep Investment Account
Business Credit Card	Business Line of Credit
Business Money Market	Account Reconciliation
Business Online Banking	Real-Estate Lending
Business Online Bill Pay	Safe Deposit Box
Business Savings Account	Tax Payment Services
ACH Services/Direct Deposit	Health Savings Accounts
Merchant Services	Remote Deposit – “Bank in a Box”
Retirement Programs (401K, IRA, etc.)	

Document Checklist

(Please confirm you have the following documents for each account type)

Sole Proprietorship

- Social Security Number of Proprietor or EIN of business
- Valid identification and SSN of each signatory
- Resolution authorizing action sought
- Certification of Fictitious name registration (if applicable)
- Florida Occupational License (if applicable)

Partnership

- Employer Identification Number
- Valid ID and SSN for each signatory/partner
- Partnership resolution/authorization
- 1st and last page of partnership agreement
- Fictitious name registration (if applicable)
- Florida Occupational License (if applicable)
- Certificate of Foreign Status (if organization is registered outside the State of Florida)

Corporation

- Employer Identification Number
- Valid ID and SSN for each signer
- Articles of Incorporation
- Organization Resolution
- Fictitious name registration or Florida Occupation license (if applicable)
- Certificate of Foreign Status (if organization is registered outside of the State of Florida)
- Certificate of Existence (State of Florida)

Limited Liability Company

- Employer Identification Number
- Valid ID and SSN for each signatory/partner
- Organization Resolution
- Signed Limited Liability Resolution
- Articles of Organization
- Certificate of Existence (State of Florida)
- Fictitious name registration (if applicable)
- Florida Occupational License (if applicable)
- Certificate of Foreign Status (if organization is registered outside the State of Florida)

Unincorporated Association, Club, Civic, Charitable, Religious Organizations

- Employer Identification Number
- Valid ID and SSN for each signatory
- Non-profit resolution signed by secretary authorizing signatories
- Minutes from meeting where signatories were named
- Officer roster with address and phone numbers
- Change in officer, copy of meeting minutes, new resolution required.
- Certificate of Foreign Status (if organization is registered outside the State of Florida)

Campaign Account

- Employer Identification Number
- Valid ID and SSN for each signatory
- Resolution authorizing action sought
- Completed form DS-DE9, appointment of Campaign Treasurer & designation of campaign
- Federal Campaign only: copy of FEC Form 1, statement of organization

Lawyers Trust Account (IOTA)

- EIN of Florida Bar Association
- Copy of Resolution granting signature authority to law firm

Trust Account

- SSN of Grantor or EIN of Trust
- First and last page of Trust Document
- Court appointment (if applicable)
- Certificate of Trust (if available)

If you need assistance completing this form, call or visit one of our BankFIRST Financial Center locations and a Client Relationship Specialist will be happy to assist you.



Please remember, you should never send personal, confidential information via email.