

ATM Card__ Business Debit Card__ No Business Debit Card/ATM Card__

Business/Trust Account Form (Please Print)

Already a member? Member Name: _____

Full SSN: _____

DOB: _____

Email: _____

Business/Trust
Name: _____

Business/Trust Phone Number: _____

Business/Trust Email Address: _____

What is your Position in the Business/Trust?: _____

Business Type (ex. LLC, Inc, Sole Prop., etc.): _____

EIN or SSN for business: _____

Full Business
Address: _____

Nature of Business (What does your business do? Please be specific):

What kind of products/services do you manufacture or
sell: _____

Business website and social media address:

If you are already a member you do not have to provide personal info on the back

Your First Name: _____

M.I.: _____

Last Name: _____

Full Address (street, Apt#, City, State, zip):

Phone Number: _____

Email Address: _____

Date of Birth: _____

Full SSN: _____

What can we open for you? (check all that apply. min. \$25 deposit for new membership)

Business/Trust Savings__

Business/Trust Money Market__

Business/Trust Checking__

Premier Business/Trust Checking(min \$500)__

Adding a joint owner who is already a member? (if not already a member, have joint owner fill out separate New Business Account Form)

Joint Owner's Name _____ Full SSN _____

Email: _____ Phone Number: _____

Debit Card__ Debit Card Design _____ ATM Card__ No Debit/ ATM Card__

Please mark all that apply below

Order Checks? __Yes __NO

If yes, would you like the business phone number on the checks? __Yes __NO

On top of the business name and address, would you like your name on the checks __Yes__NO

How did you hear about us: _____