



301 West Main Street, P. O. Box 98, Salem, Illinois 62881
 Telephone (618) 548-3440 Fax (618) 548-2883

BUSINESS NEW ACCOUNT INFORMATION SHEET

Date _____

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

Name _____	State/Country, Date of Org. _____
Address _____	Phone _____
Mailing Address (if different) _____	Cell Phone _____
EIN _____	E-Mail _____
Type of Entity _____	Authorization/Resolution Date _____
Nature of Business _____	Previous Financial Inst. _____
	Other ID _____

NAME 1		NAME 2	
Name (First, Middle, Last)	Owner Signer Owner & Signer	Name (First, Middle, Last)	Owner Signer Owner & Signer
Relationship to Account		Relationship to Account	
Address		Address	
Mailing Address (if different)		Mailing Address (if different)	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
E-Mail		E-Mail	
Birth Date		Birth Date	
SSN/TIN		SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)		Other ID (Description, Details)	
Employer		Employer	
Lived in IL last 5 yrs?		Lived in IL last 5 yrs?	
NAME 3		NAME 4	
Name (First, Middle, Last)	Owner Signer Owner & Signer	Name (First, Middle, Last)	Owner Signer Owner & Signer
Relationship to Account		Relationship to Account	
Address		Address	
Mailing Address (if different)		Mailing Address (if different)	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
E-Mail		E-Mail	
Birth Date		Birth Date	
SSN/TIN		SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)		Other ID (Description, Details)	
Employer		Employer	
Lived in IL last 5 yrs?		Lived in IL last 5 yrs?	

Internal Use Only -	OFAC _____	CKSYS _____	EXISTING CUST _____	NEW CUST _____
PUBLIC FUNDS _____	BROKERED _____	MISC. _____	INITIALS _____	
ACCT TYPE _____	TERM _____	RATE _____	MATURITY _____	OPENING AMT _____
				INT DIST _____