



POWELL VALLEY NATIONAL BANK

BUSINESS DEPOSIT ACCOUNT APPLICATION TYPE OR PRINT LEGIBLY

Type of Account (check one) Business Checking Business Money Market Business Savings
Certificate of Deposit

Full Legal Name of Business: _____

Type of Business (i.e. Corporation, LLC, etc) _____

Personal Security Code for ID purposes - optional
(Select 4 to 8 alpha and/or numeric characters) _____

Federal Tax ID Number: _____

Date of Organization: _____

Physical Address: _____

Mailing Address (if different than above) _____

Business Phone _____ Fax Number _____

Daytime Telephone _____ Cell Number _____

Business Email Address _____

Opening Deposit Amount:\$ _____

Funds used to open acct. will be drawn from _____ (Institution)

(\$100.00 minimum to open any business checking account)

INSTRUCTIONS:

- 1. Complete the New Account Application and signature addendum form.**
- 2. Please provide Drivers License (ID) information for each authorized signer.**
- 3. Please provide supporting documentation of business (ex. Business License, Articles of Incorporation, or partnership agreement)**
- 4. Please drop off, Scan and email or Fax this form with the aforementioned copies to your local office at _____.**

We will contact you once the account opening is completed and the account documents are prepared.
If desired ,we will bring the documents to your place of business as an added convenience.

Please sign and date below to authorize the bank to process your new deposit account application.



**POWELL VALLEY
NATIONAL BANK**

Signature

Title

Date

NEW BUSINESS DEPOSIT ACCOUNT APPLICATION

SIGNATURE ADDENDUM

Authorized Signer _____ (Print) Title _____
Mailing Address _____
Physical Address _____
Home Phone _____ Cell Phone _____
Business Phone _____ Fax Number _____
Social Security Number _____
E Mail Address _____
Drivers License Number _____ State _____
Issue Date _____ Expiration Date _____

Authorized Signer _____ (Print) Title _____
Mailing Address _____
Physical Address _____
Home Phone _____ Cell Phone _____
Business Phone _____ Fax Number _____
Social Security Number _____
E Mail Address _____
Drivers License Number _____ State _____
Issue Date _____ Expiration Date _____

Authorized Signer _____ (Print) Title _____
Mailing Address _____
Physical Address _____
Home Phone _____ Cell Phone _____
Business Phone _____ Fax Number _____
Social Security Number _____
E Mail Address _____
Drivers License Number _____ State _____
Issue Date _____ Expiration Date _____

Authorized Signer _____ (Print) Title _____
Mailing Address _____
Physical Address _____
Home Phone _____ Cell Phone _____
Business Phone _____ Fax Number _____
Social Security Number _____
E Mail Address _____
Drivers License Number _____ State _____
Issue Date _____ Expiration Date _____