



New Business Account Worksheet

What types of services are you interested in?

- Basic Checking Advantage Checking Premier Checking Analysis Checking Interest Checking
- Money Market Golden Oak MM Savings Account Overdraft Protection Night Drop
- Online Banking ATM/Visa Debit Card E-Statements Mobile Banking Line of Credit
- Term Loans Construction Loans Merchant Bankcard Courier Service Remote Deposit
- Cash Management Credit Cards IOLTA Opening Deposit _____

How did you hear about Charter Oak Bank? _____ Existing Customer / CIF #: _____

Business Name: _____ Date Originated: _____

Nature of Business: _____

Tax ID # or SSN: _____ Business Phone: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Sole Proprietorship: ____ LLC: ____ Partnership: ____ Corporation: ____ Not for Profit-Lodge/Organization: ____

Not for Profit Corporation: ____ Previous /Existing Bank: _____

Signer #1 Name: _____ Existing Customer/CIF # _____

Title: _____ Social Security Number: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Mother's Maiden Name: _____ City of Birth: _____ State: _____

Birth Date: ___/___/___ Drivers License Number: _____ Issue Date: ___/___/___ Expiration

Date: ___/___/___ E-Mail Address: _____ Verified By: _____

Employer (If retired, from what?): _____ Occupation: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Previous/Existing Bank: _____

Signer #2 Name: _____ Existing Customer/CIF # _____

Title: _____ Social Security Number: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Mother's Maiden Name: _____ City of Birth: _____ State: _____

Birth Date: ___/___/___ Drivers License Number: _____ Issue Date: ___/___/___ Expiration

Date: ___/___/___ E-Mail Address: _____ Verified By: _____

Employer (If retired, from what?): _____ Occupation: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Previous/Existing Bank: _____

FOR OFFICE USE

INPUT BY _____ DATE _____ ACCOUNT #(S) _____ CHEX SYSTEMS

SOURCE OF FUNDS _____ OFFICER ASSIGNED _____



Signer #3 Name: _____ Existing Customer/CIF # _____

Title: _____ Social Security Number: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Mother's Maiden Name: _____ City of Birth: _____ State: _____

Birth Date: ___/___/___ Drivers License Number: _____ Issue Date: ___/___/___ Expiration

Date: ___/___/___ E-Mail Address: _____ Verified By: _____

Employer (If retired, from what?): _____ Occupation: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Previous/Existing Bank: _____

Signer #4 Name: _____ Existing Customer/CIF # _____

Title: _____ Social Security Number: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Mother's Maiden Name: _____ City of Birth: _____ State: _____

Birth Date: ___/___/___ Drivers License Number: _____ Issue Date: ___/___/___ Expiration

Date: ___/___/___ E-Mail Address: _____ Verified By: _____

Employer (If retired, from what?): _____ Occupation: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Previous/Existing Bank: _____

Signer #5 Name: _____ Existing Customer/CIF # _____

Title: _____ Social Security Number: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Mother's Maiden Name: _____ City of Birth: _____ State: _____

Birth Date: ___/___/___ Drivers License Number: _____ Issue Date: ___/___/___ Expiration

Date: ___/___/___ E-Mail Address: _____ Verified By: _____

Employer (If retired, from what?): _____ Occupation: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Previous/Existing Bank: _____