



	Legal Name:		Tax Identificat	ion #/EIN:		
Switching your Checking/Savings account has never been easier. Just fill in the information and bring it with you when you open your new account. Our friendly representatives will do the rest.	Address: Phone Number:					
					ooration (non-profit) 🛭 Other	
	Secretary			Treasurer		
	If partnership, name of partners:					
	Required Documents (as applicable): Articles of Incorporation Partnership Agreement Copy of Business Filing Authorized Signer(s) Information					
Checking	Name: Name:					
We'll take this information and	Address:					
	Phone:		Phone:			
	Social Security #:					
	Date of Birth:					
	Please deposit payment(s) Name	directly into my Paul	Previous Bank		Previous Bank Account #	
complete Deposit and Payment slips						
for you. Sign them, and we'll mail them						
for you.						
	Automatic Payment Authorization Please make automatic payments from my new account to the companies listed below:					
	Name of Company	Account N	umber	Amount	Date of the month to be paid	
	-					
	,					