1st Capital Bank™

Easy Switch
For Business Accounts

Business Account Information:

Please indicate below the type of account you would like to open, placing a check in the box for the relevant account type. Please provide copies of your Partnership Agreement, Articles of Incorporation and Bylaws, or Articles of Organization and Operating Agreement according to the box that you check.

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ L.L.C. ☐ Non-Profit Association ☐ Other _____

Source of Funds:

☐ Cash ☐ Internal Transfer ☐ Other Financial Institution _____

☐ Wire ☐ Other _____ Opening Amount $_____

Business Name

Physical Street Address

City, State, Zip

Mailing Address (if different)

City, State, Zip

Taxpayer ID Business Phone

Primary Signer Information:

Name Title/Position

Home Address

Home Phone Cell Phone

Email Address

Social Security Number Driver's License Number Issue Date Exp. Date

Secondary ID Type Last 4 digits Exp. Date Mother's Maiden Name

Date of Birth Place of Birth

Secondary Signer Information:

Name Title/Position

Home Address

Home Phone Cell Phone

Email Address

Social Security Number Driver's License Number Issue Date Exp. Date

Secondary ID Type Last 4 digits Exp. Date Mother's Maiden Name

Date of Birth Place of Birth

Now, with this completed we can get your signature cards ready for you sign!

Bank Accounts:

Please indicate below the types of accounts you would like to open, placing a check in the box for the relevant account type. You may also name your account (i.e. Operating Account, Payroll Account, etc.).

Type of Account:

Checking	Savings	Money Market	Name of Account
☐	☐	☐	_____
☐	☐	☐	_____
☐	☐	☐	_____
☐	☐	☐	_____
☐	☐	☐	_____
☐	☐	☐	_____
☐	☐	☐	_____
☐	☐	☐	_____

If more accounts are required, please attach additional pages.

Additional Services:

Would additional services be beneficial to you? Please indicate below by placing a check in the box for the relevant service.

- ☐ Business Account
- ☐ Savings Account
- ☐ Time Deposits
- ☐ Employee Checking
  # of Employees _____
- ☐ Direct Deposit
- ☐ Business Visa®
- ☐ Merchant Card Acceptance
- ☐ Sweep Account
- ☐ Remote Deposit Capture
- ☐ Lock Box Processing
- ☐ Internet Banking
- ☐ Cash Management (Payroll, ACH, etc.)

Apply for Credit:

Please complete the information below to begin the process of applying for credit. A separate application will need to be completed; but we can start the process based on the following.

I am interested in applying for a:

Loan Type:

☐ Business Loan ☐ Line of Credit ☐ Term Loan ☐ Mortgage

☐ Individual ☐ With a Co-Applicant ☐ With Guarantor ☐ Other

We may ask for the following items along with a completed application.

- Personal financial statement
- 2 year's business tax returns
- 2 year's personal tax returns
- 2 year's business financial statement

Important Information

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. *What does this mean for you?* When you open an account we'll ask for your name, address, date of birth, and other information that allows us to identify you. We may also ask for copies of your driver's license or other identifying documents.

1st Capital Bank will perform an account verification through Chex Systems based on the information you provided prior to opening your accounts.

All products are subject to credit approval. Other terms and conditions may apply.

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Equal Opportunity Lender