

Changing Authorized Signors

Part I. To ensure we know the individual(s) who are authorized to sign and conduct transactions for your business account, we require a copy of your meeting minutes or other documentation stating the following:

- Names of authorized signors (new and/or remaining)
- Beneficial Ownership information (See page 2 for details)
- Titles of authorized signors (secretary, treasurer, etc.), if applicable
- Dates the authorized signors will be effective
- List of activities the individual(s) can participate in, such as:
 - Sign checks
 - Use debit card
 - Utilize internet banking

If possible the above information should be typed on business letterhead. If your organization does not record meeting minutes, below is a sample letter template for your convenience:

Name of Organization:

Date:

Account Number(s):

To Whom it May Concern,

I/We designate _____, to act as authorized signors for the above listed account(s) effective as of _____. The individuals listed above are authorized to conduct the following _____.

Members of Organization:

Signature

Print Name and Title

Part II. Certain information is required for new authorized signors. A form is located on the backside of this handout for your convenience.

Beneficial Owner #2 - Owns at least 25%of legal entity	If checked, also an Authorized Signer on Account
Customer Name (First MI Last) X	Role and/or Title X
Physical Address X	Mailing Address X
Date of Birth X	Social Security Number X
Password for Phone Inquiries X	Email Address X
State issued ID Card or Driver's License(Must provide copy) X _____ State _____ Issue date Exp date	Phone Numbers Home: Work: Cell:

Beneficial Owner #3 - Owns at least 25%of legal entity	If checked, also an Authorized Signer on Account
Customer Name (First MI Last) X	Role and/or Title X
Physical Address X	Mailing Address X
Date of Birth X	Social Security Number X
Password for Phone Inquiries X	Email Address X
State issued ID Card or Driver's License(Must provide copy) X _____ State _____ Issue date Exp date	Phone Numbers Home: Work: Cell:

Beneficial Owner #4 - Owns at least 25%of legal entity	If checked, also an Authorized Signer on Account
Customer Name (First MI Last) X	Role and/or Title X
Physical Address X	Mailing Address X
Date of Birth X	Social Security Number X
Password for Phone Inquiries X	Email Address X
State issued ID Card or Driver's License(Must provide copy) X _____ State _____ Issue date Exp date	Phone Numbers Home: Work: Cell:

Additional Authorized Signers on Account who are NOT Beneficial Owners

Authorized Signer #1	
Customer Name (First MI Last) X	Occupation and/or Title X
Physical Address X	Mailing Address X
Date of Birth X	Social Security Number X
Password for Phone Inquiries X	Email Address X
State issued ID Card or Driver's License(Must provide copy) X _____ State _____ Issue date Exp date	Phone Numbers Home: Work: Cell:

Authorized Signer #2	
Customer Name (First MI Last) X	Occupation and/or Title X
Physical Address X	Mailing Address X
Date of Birth X	Social Security Number X
Password for Phone Inquiries X	Email Address X
State issued ID Card or Driver's License(Must provide copy) X _____ State _____ Issue date Exp date	Phone Numbers Home: Work: Cell:

Authorized Signer #3	
Customer Name (First MI Last) X	Occupation and/or Title X
Physical Address X	Mailing Address X
Date of Birth X	Social Security Number X
Password for Phone Inquiries X	Email Address X
State issued ID Card or Driver's License(Must provide copy) X _____ State _____ Issue date Exp date	Phone Numbers Home: Work: Cell: