

Changing Authorized Signers

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 signers (new and/or remaining)
- ☐ Beneficial Ownership information (See page 2 for details)
- ☐ Titles of authorized signers (secretary, treasurer, etc.), if applicable
- ☐ Dates the authorized signers 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 signers 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 signers. A form is located on the backside of this handout for your convenience.

Beneficial Ownership (Corporations, LLCs, Single Member LLCs, LPs, LLPs)

Effective May 11, 2018, new rules under the Bank Secrecy Act will aid the government in the fight against crimes to evade financial measures designed to combat terrorism and other national security threats.

EACH time an account is opened for a covered Legal Entity, we are required to ask you for identifying information (name, address, date of birth, social security number as well as identification documents) for:

- Each individual that has beneficial ownership (25% or more); and,
- One individual that has significant managerial control, of the Legal Entity.

If you are opening an account on behalf of a Legal Entity, you will be required to provide the appropriate documentation and to certify that this information is true and accurate to the best of your knowledge.

Beneficial Owner- Control Person

(Single Individual with significant responsibility to control, manage, or direct a legal entity (such as the CEO, CFO, COO, President, Vice President, Managing Member, Treasurer) or any other individual who regularly performs similar functions.

Beneficial Owner – Control Person	If checked, also an Authorized Signer on Account
Customer Name (First MI Last) X	Role 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:

If checked, no individual owns at least 25% of legal entity. (i.e. All owners <25%, Charitable/Non-profit)

Explanation: _____

Beneficial Owner #1 - 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 #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 Title X 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 Title X 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 Title X 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: