



Business Account Set-Up or Modification

BUSINESS ACCOUNT INFORMATION

Type of Account: _____

Account Number: _____

Legal Business Name: _____ Trade Name (If Any): _____

Street Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Business EIN: _____ Number of Signatures Required: _____

Type of Entity: _____ Beneficial Owners That Have a 25% or > Share? _____
(i.e. LLC, INC, Sole Proprietorship, etc.) (If yes, please complete page 2 of this document for each beneficial owner)

*** Please have each authorized signer complete their own form.**

Authorized Signer: _____ Phone Number: _____

Street Address: _____ Key Code: _____

City: _____

State: _____ Zip: _____

Social Security: _____ Date of Birth: _____

Driver's License: _____ DL Issue Date: _____

DL Expiration Date: _____ Mother's Maiden Name: _____

Employer: _____ Employer Ph. Number: _____

In accordance to our policy, by signing below you are authorizing Sunset Bank to verify your identity. In addition, you authorize Sunset Bank to discuss the results of your verification with the current account owner in the event we are unable to add you to the account (i.e. ChexSystems record).

Signature: _____ Date: _____
(New Authorized Signer)

Please Note:
If adding a new signer to an existing account, this form requires a signature from the existing account owner below.

Signature: _____ Date: _____
(Existing Account Owner)

Additional Information (if any): _____

Beneficial Owners

Please complete for each beneficial owner with a 25% or > share of the Company

Beneficial Owner 1: _____ Phone Number: _____
Social Security: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Driver's License: _____ Issued: _____ Expires: _____
Percent of the Company Owned: _____ Title held within the Company: _____

Beneficial Owner 2: _____ Phone Number: _____
Social Security: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Driver's License: _____ Issued: _____ Expires: _____
Percent of the Company Owned: _____ Title held within the Company: _____

Beneficial Owner 3: _____ Phone Number: _____
Social Security: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Driver's License: _____ Issued: _____ Expires: _____
Percent of the Company Owned: _____ Title held within the Company: _____

Beneficial Owner 4: _____ Phone Number: _____
Social Security: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Driver's License: _____ Issued: _____ Expires: _____
Percent of the Company Owned: _____ Title held within the Company: _____