



3001 SW WANAMAKER ROAD, TOPEKA, KS 66614  
 2620 SW 6<sup>TH</sup> STREET, STE. A, TOPEKA, KS 66606  
 Phone (785) 271-1800  
 Fax (785) 271-2111

**BUSINESS ACCOUNT INFORMATION FORM**

**NOTICE: ACCOUNT WILL NOT BE ACTIVATED NOR WILL CHECKS BE ORDERED UNTIL ALL INFORMATION HAS BEEN VERIFIED.  
 TWO FORMS OF IDENTIFICATION REQUIRED.**

<b><u>Type of Account (please check one)</u></b> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Safe Deposit Box <input type="checkbox"/> Loan or Line of Credit <input type="checkbox"/>	<b><u>Type of Ownership (please check one)</u></b> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liab. (LLC) <input type="checkbox"/> Ltd. Liab. Ptnsp. (LLP) <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Government/Public <input type="checkbox"/> Joint Venture <input type="checkbox"/> Professional Assn. <input type="checkbox"/> Non-Profit <input type="checkbox"/> Unincorporated Assn. <input type="checkbox"/>
<i>Please Initial:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	I request issuance of a debit card in connection with this account.
<i>Please Initial:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	I request access to Alliance Bank's On-line Banking Application.

Business/Organization Information			CIF Number:
Legal Name		Taxpayer ID Number	Organization Date/ State
DBA Name(s)			
Description of Business, Nature of Operations or Activities			
Street Address (No P.O. Boxes)	City	State	Zip
Mailing Address (If Different from Street Address)	City	State	Zip
Telephone Number (Primary)	Telephone Number (Alternate)	Fax Number	E-mail Address
Website Address			
Authorized Resolution Dated	Please Check One: On File with Bank <input type="checkbox"/> Submitted With Application <input type="checkbox"/> Pending <input type="checkbox"/>		

Owner/Principal/Representative			CIF Number:
Name		Social Security Number	Date of Birth
Street Address	City	State	Zip
Telephone (Work)	Telephone (Cell)	Telephone (Home)	E-Mail
Occupation/Profession/Title	Relationship to Business (Owner/Officer/etc.)	Employer (if other than the business above)	

Authorized Signer Information (see page 2 for additional Authorized Signers)			
Name			
Address			
Home Phone	Work Phone		
Social Security #	Date of Birth		

**CUSTOMER IDENTIFICATION PROGRAM DISCLOSURE.** To help the government fight the funding of terrorism and money laundering activities, federal law requires that all financial institutions obtain, verify and record information which identifies each person who opens an account. When an account is opened by a new customer, we will request name, address, date of birth and other information which will allow us to identify such customer. We may also require presentation of a driver's license, passport or other identifying documents.

**TO OPEN A NEW DEPOSIT ACCOUNT:** you must provide a taxpayer identification, social security or other identifying number at least one of the identification documents listed below and a 2<sup>nd</sup> form of identification. Bank personnel may, at their discretion, request additional documentation to resolve discrepancies, to verify identity, or to comply with regulatory recordkeeping requirements:

1. Current Kansas or other State Driver's License
2. Current State-issued ID with photograph
3. Current U.S. or other passport
4. Current United States Military ID with photograph
5. Permanent Resident Card, also referred to as "Green Card"

<b>CERTIFICATIONS.</b> Each of the undersigned certifies that all of the information provided in this application is true and correct as of the date below. The Bank is authorized, at its discretion, to verify any of the information provided in this application at any time. I authorize Alliance Bank to make any necessary inquiries on my personal, employment, credit and account history. Untrue statements or misrepresentations may result in the termination of this account.	
Business Owner/Principal/Representative Signature <b>X</b>	Date

ACCOUNT INFORMATION FORM  
Authorized Signer Addendum

**Authorized Signer Information**

Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	

**Authorized Signer Information**

Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	

**Authorized Signer Information**

Name			
Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	

**Authorized Signer Information**

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Address			
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Home Phone		Work Phone	
Social Security #		Date of Birth	

**Authorized Signer Information**

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Address			
Home Phone		Work Phone	
Social Security #		Date of Birth	