Treasure State Bank

BUSINESS DEPOSIT ACCOUNT SETUP FORM

Date _____

Business

Name _____ TIN _____

Physical Address _____

City, State, Zip _____

Mailing Address _____

City, State, Zip _____

Phone # _____

Fax # _____

email address _____

Type of Entity

Corporation _____ Gen. Partnership _____

Sole Proprietor _____ Ltd. Partnership _____

Association _____ LLP _____

LLC _____

Authorized Signer 1

Name _____ Title _____

SSN _____ DOB _____

Home Address _____

City, State, Zip _____

Phone # _____

email address _____

Authorized Signer 2

Name _____ Title _____

SSN _____ DOB _____

Home Address _____

City, State, Zip _____

Phone # _____

email address _____

FOR ADDITIONAL SIGNERS, PLEASE COMPLETE ANOTHER FORM

Account Type*

Checking — Free _____ Analysis _____

NOW _____ Premium _____

*Please complete a setup form for each account you would like to open.

Savings _____

Money Market _____

CD _____ Term: _____ months

For Internal Use Only

Password Form _____ OFAC/Bridger Screen _____ By _____

Check Order Form _____ ID Verification _____ Date _____

Debit Card _____ CIF # _____