

Change is easy...
Business Switch Kit

Change is easy with...

Business Switch Kit



Your Life. Your Bank.

Tavares Office

1892 East Burleigh Boulevard

Tavares, FL. 32778

Phone: (352) 508-1030

Fax: (352) 343-5179

Port Orange Office

3615 Clyde Morris Boulevard

Port Orange FL. 32129

Phone: (386) 868-0068

Fax: (386) 761-5889



Your Life. Your Bank.

Change is easy...
Business Switch Kit

Type of Account(s):

- Business Checking
- Payroll Account
- Business Interest Checking
- Small Business Checking
- Business Analyzed Checking
- Business Money Market Checking
- Business Savings
- Certificate of Deposit Term: _____

Account(s) will be held as:

- Sole-Proprietor (DBA)
- Corporation
- Limited Liability Company
- Partnership/Joint Venture
- Unincorporated Association
- Trust
- Estate
- Other: _____

(Please see insert for a list of necessary legal documentation)

Account Name: _____

Business Address: _____

Mailing Address: _____

Web Site URL: _____

E-Mail Address: _____

Telephone: _____ Fax: _____ Cellular #: _____

Type of Business: _____

Tax I.D. No. _____

Other Information: _____

Additional Financial Tools Needed:

- Internet Cash Management
- Incoming Wires
- Outgoing Wires
- ACH Services
- Payroll Services
- Merchant Bank Card Services
- Corporate Credit Card Services
- Federal & State Tax Payments
- Courier Services
- Armored Transport
- Safe Deposit Box
- Overdraft Protection
- Line of Credit (Amt. \$ _____)
- Vehicle Financing
- Equipment Financing
- Other: _____



Your Life. Your Bank.

Change is easy...
Business Switch Kit

Required Info.	Signer #1	Signer #2
Printed Name		
Title:		
SSN#		
Birth Date		
Birth Place		
Drivers License (State, Number, exp., issue date)		
Secondary ID (Issued by, Exp.)		
Mother's Maiden Name		
Home Address		
City, State & Zip		
Home Phone #		
Cellular #		
E-Mail Address:		
Occupation:		
Employer's Name		
Employer's Phone #		
Address		
City, State & Zip		
Other:		
Signers on which account		

(Please fully complete all of the above information – for additional signers please attach an additional sheet).

So that we can provide you with the best possible service, please answer the following quick questions:

- Will a facsimile or computer generated signature be used to process any items on your account(s)? _____
- Approximately how many employees do you currently have? _____
- How often and/or on what days do you issue payroll? _____
- Have you experienced and incidents of fraud on your previous accounts? _____
- Would you like us to handle your check & deposit ticket order for you? _____
- Would you like us to order your endorsement stamps? _____ How many? _____



Your Life. Your Bank.

Change is easy... Business Switch Kit

Additional Authorized Signer Information Sheet

Required Info.	Signer #3	Signer #4
Printed Name		
Title:		
SSN#		
Birth Date		
Birth Place		
Drivers License (State, Number, exp., issue date)		
Secondary ID (Issued by, Exp.)		
Mother's Maiden Name		
Home Address		
City, State & Zip		
Home Phone #		
Cellular #		
E-Mail Address:		
Occupation:		
Employer's Name		
Employer's Phone #		
Address		
City, State & Zip		
Other:		
Signers on which account		

(Please fully complete all of the above information – for additional signers please attach an additional sheet).



Your Life. Your Bank.

Change is easy...

Business Switch Kit

Necessary Legal Documentation

Sole Ownership, including Husband and/or Wife and other Unincorporated Entities

- Copy of current filed Fictitious Business Name Statement (if applicable).
- One piece of primary and one piece of secondary identification for sole owner and each authorized signer.
- Photocopy of the primary identification for each authorized signer.
- Secondary ID for each signer must be presented and verified at time of account opening.

Florida Corporations:

- Copy of filed Articles of Incorporation.
- Copy of current filed Fictitious Business Name Statement (if applicable).
- Statement of Information filed with the secretary of state OR most recent minutes of election of officers.
- One piece of primary identification for each authorized signer/officer.

U.S. Non-Florida Corporations:

- Copy of filed Articles of Incorporation from state of origin.
- Certificate of qualification filed with the state of Florida (if applicable).
- Copy of current filed Fictitious Business Name Statement (if applicable).
If a Fictitious Business Name Statement is filed in Florida, the corporation must have filed to qualify to do business in Florida.
- One of the following to confirm the identity of the Corporate Officers:
A filed Stamped copy of the Statement by Foreign Stock Corporation OR
Minutes from the corporation's board of directors' meeting reflecting the officer's appointment.
- One piece of primary identification for each authorized signer/officer.

Florida -Limited Liability Companies (LLC)

- A filed-stamped copy of the Articles of Organization (LLC-1).
- Statement of Information and Copy of the LLC Agreement (Title page, Management page & Signature page).
- Copy of current filed Fictitious Business Name Statement (if applicable).
- One piece of primary identification for each authorized signer/officer.
If Members are an ORGANIZATION – all related documentation will be required

Non - Florida - Limited Liability Companies (LLC)

- A filed-stamped copy of the Limited Liability Company Application for Registration (LLC-5) filed in Florida.
- File stamped organizational documents from the state of origin.
- Statement of Information and Copy of the LLC Agreement (Title page, Management page & Signature page).
- Copy of current filed Fictitious Business Name Statement (if applicable).
If a Fictitious Business Name Statement is filed in Florida,
the LLC must have filed to qualify to do business in Florida.
If Members are an ORGANIZATION – all related documentation will be required
- One piece of primary identification for each authorized signer/officer.

Limited Partnership – Florida

- Copy of filing Form LP-1 Certificate of Limited Partnership.
- Copy of current filed Fictitious Business Name Statement (if applicable).
- One piece of primary identification for each authorized signer/officer.
- If General Partners are an ORGANIZATION – all related documentation will be required

General Partnership – Florida

- Partnership agreement
- GP-1 filed with the Secretary of State (if applicable).
- Copy of current filed Fictitious Business Name Statement (if applicable).
- One piece of primary identification for each authorized signer/officer.
- If General Partners are an ORGANIZATION – all related documentation will be required

Attorney-Client Trust

- Copy of current filed Fictitious Business Name Statement (if applicable).
- If account is an organization, all related documentation for the type of organization will be required.
- One piece of primary identification for each authorized signer/officer of an organization.
- Secondary identification is required for individual accounts.

