

ACCOUNT APPLICATION-Business, Non-Profit and other Accounts

Name of Entity	Nature of Business/Entity Purpose
Address (Mailing & Physical)	Legal Entity Type
City/State/Zip	Tax Identification Number (EIN)
Primary Phone Other Phone	Email
Purpose of the account	Source of Funds
Wire Transfers	How they heard about Frontier Bank
References	

Account Type – Please check the box next to the accounts(s) you would like to open:

- | | |
|---|---|
| <input type="checkbox"/> Frontier Business Checking | <input type="checkbox"/> Frontier Commercial Checking |
| <input type="checkbox"/> Frontier Interest Checking | <input type="checkbox"/> Frontier Savings |
| <input type="checkbox"/> Frontier Money Market | |

Additional Products -I (We) may also be interested in the following products:

- | | |
|---|---|
| <input type="checkbox"/> ATM/Debit Card | <input type="checkbox"/> Visa Credit Card |
| <input type="checkbox"/> Business Loans | <input type="checkbox"/> Online Banking |
| <input type="checkbox"/> BillPay | <input type="checkbox"/> Cash Management |

Important Information About Procedures For Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each entity/person who opens an account. What this means for you when you open an account:

- We will ask for Business/Entity Organization Documents and Licenses.
- We may also ask to see a driver’s license or other identifying documents for each signatory on the account.

I (We) certify that everything contained herein and on any attachments is correct and authorize Frontier Bank to make whatever inquires it deems necessary in conjunction with this application, including but not limited to checking credit history and references.

Primary Signatory Name	Title	Signature	Date
Co-Signatory Name	Title	Signature	Date
Co-Signatory Name	Title	Signature	Date

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Checks to be Ordered

- Wallet – Personal Size Check Style: _____ Duplicate Checks
 3 on a Page Checks Starting Number: _____ Voided Check Info
 Deposit Tickets: Single OR Duplicate Endorsement Stamp
 Bill CUSTOMER Bill BANK

ATM/Debit Card(s)

- Primary Account Signatory ONLY Multiple Account Signatories - ALL

Online Banking

- User Name: _____ Bill Pay (extra fee & Officer Approval required)
 Bill Pay approved by: _____

Other Services

- Wires Cash Management Remote Deposit
 ACH Origination

The following ONLY to be used when making phone inquires about account(s)

Account Password: _____

Security Question: _____

Security Question Answer: _____