

We Care About Making Business Easier For You.

Bryant Bank Business Switch Kit



At Bryant Bank, we realize how important it is to have a banking experience that is both convenient and easy. To do this, our Bryant Bankers deliver unbeatable service to each customer that we engage with.

As your business opens a new account with Bryant Bank, allow us to be your collaborative partner. We care about you and your business and are committed to making this process easy for everyone involved.

Welcome to Bryant Bank!



Empower Your Potential

We offer a wide range of checking accounts with features that can help empower your potential and make business easier. Bryant Bank business checking accounts feature free Bryant Bank Visa® debit cards issued instantly at your local branch as well as free access to online banking and bill pay.

Local Bankers and Personalized Service

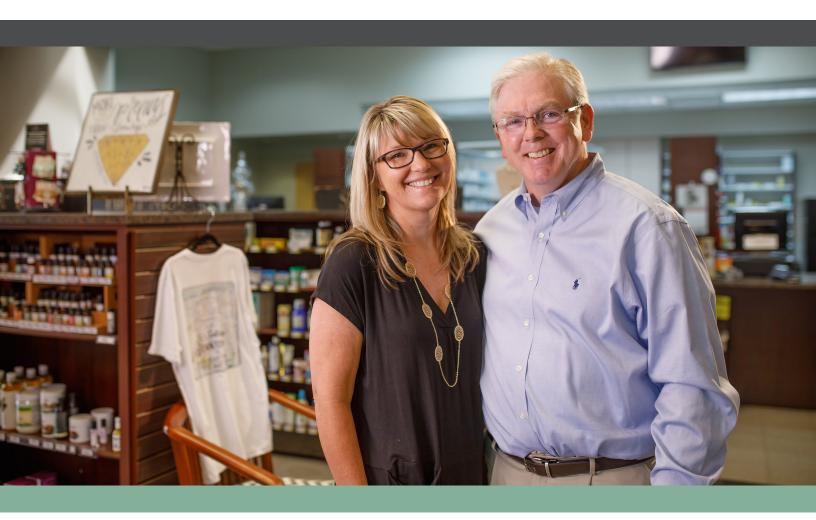
Our Bankers put care into action each day to help you invest in your full potential. At Bryant Bank, you're greeted by name and will have the opportunity to build a lasting relationship with a committed group of local bankers. Outside of business hours, you'll have access to Smart ATMs with deposit capabilities, night deposit, telephone banking, online and mobile banking. Our customers also enjoy enhanced account security with instant fraud text alerts and cash management services.

We've taken the hassle out of moving your checking account from your old bank with step-by-step instructions and simple-to-complete forms.

- Stop by your local Bryant Bank office to open your new business checking account. We believe that one of our many banking options is sure to help empower your potential!
- To set up your business banking accounts, it is important for us to have a variety of information. Please use FORM 1 for this step. It is also very important that each authorized signer or beneficial owner completes section B of FORM 1.
- To help the government fight financial crime, Federal regulation now requires Bryant Bank to obtain, verify, and record information about the beneficial owners of legal entity customers. FORM 2 must be completed by the person opening an account on behalf of a legal entity with Bryant Bank. The information must be provided for each individual that directly or indirectly owns 25% or more of the equity interest of the legal entity customer or for individuals with significant responsibility for managing the legal entity. Please see FORM 2 for more details.
- Close your old account. Once your checks have cleared and you've changed any automatic deposits and payments, there's just one more step. Use FORM 3 to say goodbye to your old bank. What could be easier? Please feel free to make as many copies of FORM 3 as needed.

We're here to help! If you have any questions, please:

- Call or visit your local Bryant Bank office.
- Call us at 1-855-4BRYANT (1-855-427-9268) to speak with a Bryant Banker about opening an account.



FORM 1

Business Banking Information

The following information is important to have so that we can open your account quickly and efficiently. If the account has multiple authorized signers, they are required to **complete Section B of Form 1 for each individual authorized signer.**

Form 1

Customer Information

Section A:

Business Name:				
NAICS Code/Nature of Business:				
EIN #:				
Physical Address:				
City:	State:	Zip:		
Business Phone:	Alt. Phone:			
Email Address:	Website:			
Contact Name:				
Telephone Number:				
Mailing Address:				
City:	State:	Zip:		
Type of Checks: 3 to a page Busines	s, Personal Size, Laser (m	any options)		
Deposit Slips (select one):	Single	Duplicate	Triplicate	
Endorsement Stamp (select one):	Yes	No		

Please provide a copy of applicable documentation below:

- Corporation one copy of Articles of Incorporation
- LLC one copy of Articles of Organization & Operating Agreement
- Partnership- one copy of Partnership Agreement (may not always be required)
- Sole Proprietorship no additional documentation needed

AUTHORIZED SIGNER INFORMATION

Section B:

Social Security Number: _____ Physical Address: City: _____ State: ____ Zip: ____ County: Mailing Address: _____ City: _____ State: ____ Zip: ____ County: Business Phone: _____ Email: _____ Cell Phone: Occupation: _____ Employer: _____ **AUTHORITY LIMITATIONS FOR RESOLUTIONS** Check All **That Apply** Open any deposit account(s) in the name of this Business Entity. Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution. Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution. Other (please describe). _____

AUTHORIZED SIGNER INFORMATION

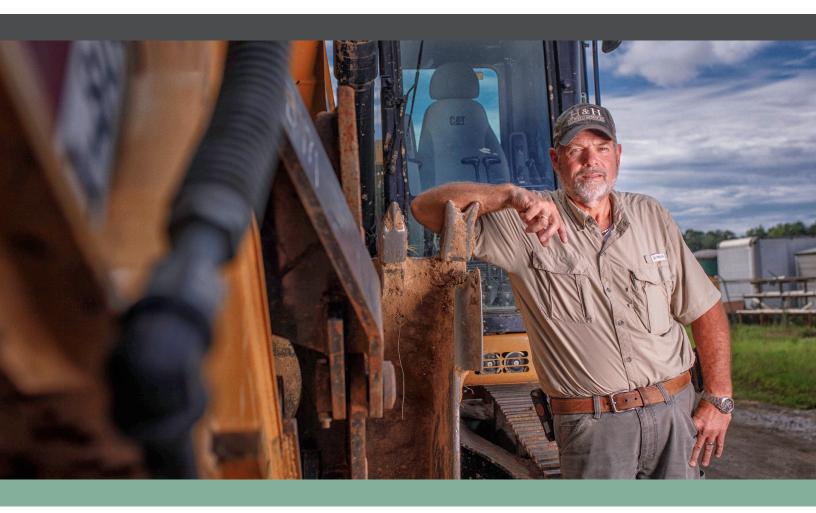
Section B:

Name: _____ Date of Birth: Social Security Number: Physical Address: City: _____ State: ____ Zip: ____ County: _____ Mailing Address: City: _____ State: ____ Zip: ____ Business Phone: Email: Occupation: _____ Employer: _____ **AUTHORITY LIMITATIONS FOR RESOLUTIONS Check All That Apply** Open any deposit account(s) in the name of this Business Entity. Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution. Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution. Other (please describe).

AUTHORIZED SIGNER INFORMATION

Section B:

Social Security Number: _____ Physical Address: City: _____ State: ____ Zip: ____ County: Mailing Address: _____ City: _____ State: ____ Zip: ____ County: Business Phone: _____ Email: _____ Cell Phone: Occupation: _____ Employer: _____ **AUTHORITY LIMITATIONS FOR RESOLUTIONS** Check All **That Apply** Open any deposit account(s) in the name of this Business Entity. Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution. Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution. Other (please describe). _____



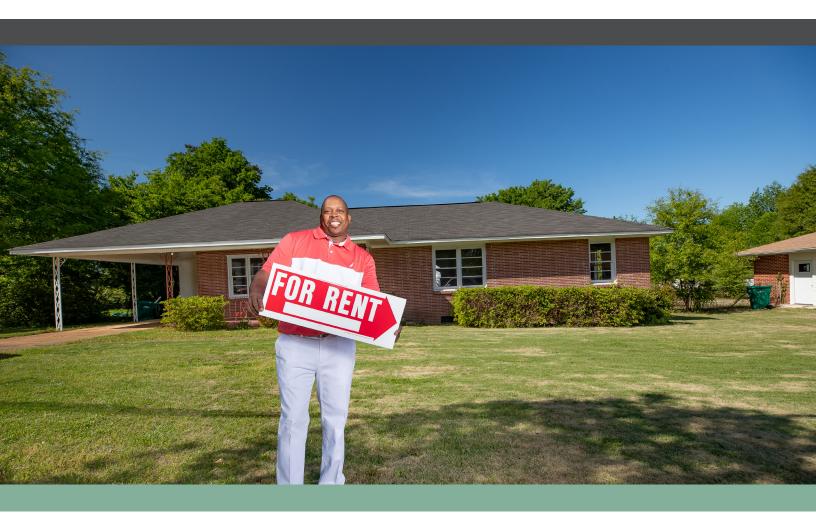
FORM 2 Beneficial Owners Form

Form 2 requires you to provide the name, address, date of birth, Social Security Number or ITIN, and identifying documentation for the following individuals: each individual, if any, who owns, directly or indirectly, 25% or more of the equity interest of the legal entity customer (e.g. each natural person who owns 25% or more of the shares of the corporation) and an individual with significant responsibility for managing the legal entity customer (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer). Please also provide a copy of the drivers license or other identifying documentation for each beneficial owner and controlling manager listed on the form.

Form 2

Beneficial Owners Form

Name of Person Openin	g Account:	litle:		
Name of Legal Entity:		Type:		
Address:		City/State:	_ Zip:	
		hysical/residential address for each benefi	cial owner)	
Address:		City/State:	_ Zip:	
% Ownership	DOB:	Social Security Number:		
BENEFICIAL OWNER #2 Name:				
Address:		City/State:	_ Zip:	
% Ownership	DOB:	Social Security Number:		
BENEFICIAL OWNER #3 Name:				
Address:		City/State:	_ Zip:	
% Ownership	DOB:	Social Security Number:		
BENEFICIAL OWNER #4 Name:				
Address:		City/State:	_ Zip:	
% Ownership	DOB:	Social Security Number:		
CONTROLLING MANAGER Name:		Title:		
Address:		City/State:	_ Zip:	
DOB:	So	ocial Security Number:		



FORM 3 Close Account Form

It is time to close your old account. Now that your checks have cleared and you've changed your automatic deposits and payments, there's just one more step. Use FORM 3 to say goodbye to your old bank. Please feel free to make as many copies of FORM 3 as needed.

We're excited for you to become a part of the Bryant Bank family!

Form 3

Close Account Form

Date:	
5-	
	Account Number
To Whom It May Cond	pern:
Effective	, please close the following business checking account #
and send a check for	the remaining balance to the address below.
If you have any questi	ons, please let me know. Thank you.
Phone Number To Co	ntact Me:
Sincerely,	
Name of Account	
Primary Signature	
Print Name/ Title	
Secondary Signature (if a	pplicable)
Print Name/ Title	
Company Name	

Switch Kit Transfer Checklist

	Company/ Financial Institution	Account Number	Type of Account	Date Mailed or Contacted	Item Complete
Direct Deposit					
Direct Deposit					
Automatic Payment					
Credit Balance Transfer					
Credit Balance Transfer					
Automatic Closure					
Automatic Closure					



Unbeatable Service. Legendary Results.[™]

