



**We Care About Making Business
Easier For You.**

Bryant Bank Business Switch Kit

BRYANT  BANK



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.

- 1** 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!
- 2** 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.
- 3** 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.
- 4** 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. If the account has multiple authorized signers, please **complete Section B of Form 1 for each individual authorized signer.**

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 Business, Personal Size, Laser (many options)

Deposit Slips (select one): _____ Single _____ Duplicate _____ Triplicate

Endorsement Stamp (select one): _____ Yes _____ No

Please provide a copy of applicable documentation below:

- Corporation – Formation documents & Bylaws
- LLC – Formation documents & Operating Agreement
- Partnership – Partnership Agreement
- Sole Proprietorship – no additional documentation needed

AUTHORIZED SIGNER INFORMATION

Section B:

Name: _____

Date of Birth: _____

Social Security Number: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

County: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____

Business Phone: _____ Email: _____

Cell Phone: _____

Occupation: _____ Employer: _____

Check All That Apply

AUTHORITY LIMITATIONS FOR RESOLUTIONS

- _____ • Open any deposit account(s) in the name of this Business Entity and apply for and use any service offered by this Financial Institution incident to the business of conducting banking transactions associated with the account.
- _____ • 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.
- _____ • Conduct banking transactions on behalf of this Business Entity using electronic, online, and/or mobile banking platforms, subject to the terms of the online and mobile banking agreements, as applicable. This shall include reviewing account balances, transaction history, and statements; withdrawing or transferring funds on deposit with this Financial Institution; and making bill payments and loan payments on behalf of this Business Entity; as well as any other transactions that may be carried out using an electronic, online and/or mobile banking platform to carry out the purposes of this Authorization.

EACH SIGNER MUST PROVIDE A COPY OF HIS/HER DRIVERS LICENSE.

AUTHORIZED SIGNER INFORMATION

Section B:

Name: _____

Date of Birth: _____

Social Security Number: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

County: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____

Business Phone: _____ Email: _____

Cell Phone: _____

Occupation: _____ Employer: _____

Check All That Apply

AUTHORITY LIMITATIONS FOR RESOLUTIONS

- _____ • Open any deposit account(s) in the name of this Business Entity and apply for and use any service offered by this Financial Institution incident to the business of conducting banking transactions associated with the account.
- _____ • 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.
- _____ • Conduct banking transactions on behalf of this Business Entity using electronic, online, and/or mobile banking platforms, subject to the terms of the online and mobile banking agreements, as applicable. This shall include reviewing account balances, transaction history, and statements; withdrawing or transferring funds on deposit with this Financial Institution; and making bill payments and loan payments on behalf of this Business Entity; as well as any other transactions that may be carried out using an electronic, online and/or mobile banking platform to carry out the purposes of this Authorization.

EACH SIGNER MUST PROVIDE A COPY OF HIS/HER DRIVERS LICENSE.

AUTHORIZED SIGNER INFORMATION

Section B:

Name: _____

Date of Birth: _____

Social Security Number: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

County: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____

Business Phone: _____ Email: _____

Cell Phone: _____

Occupation: _____ Employer: _____

Check All That Apply

AUTHORITY LIMITATIONS FOR RESOLUTIONS

- _____ • Open any deposit account(s) in the name of this Business Entity and apply for and use any service offered by this Financial Institution incident to the business of conducting banking transactions associated with the account.
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EACH SIGNER MUST PROVIDE A COPY OF HIS/HER DRIVERS LICENSE.



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 Opening Account: _____ Title: _____

Name of Legal Entity: _____ Type: _____

Address: _____ City/State: _____ Zip: _____

BENEFICIAL OWNER #1 (Please provide the physical/residential address for each beneficial owner)

Name: _____

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: _____ Social Security Number: _____

Copy of drivers license or other identifying document must be provided for each individual.



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: _____

Name of Account: _____

Current Bank Address: _____

City, State, & Zip: _____

RE: _____

Account Number

To Whom It May Concern:

Effective _____, please close the following business checking account # _____

and send a check for the remaining balance to the address below.

If you have any questions, please let me know. Thank you.

Phone Number To Contact Me: _____

Sincerely,

Name of Account

Primary Signature

Print Name/ Title

Secondary Signature (if applicable)

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					
Automatic Payment					
Automatic Payment					
Automatic Payment					
Credit Balance Transfer					
Credit Balance Transfer					
Automatic Closure					
Automatic Closure					

BRYANT BANK

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