

# TURN **TEAL.** Move to Bank Better.

Business Banking

We are committed to making your move to First Security quick and simple. Just follow the steps below, and you're ready to realize all the benefits of Banking Better!

1

## Open a First Security Business Checking account.

See a Customer Service Representative at one of our convenient locations. They will help determine what account(s) fits you best.

To make the process even faster, bring the following when you come to open your First Security Business Checking account:

1. Business Profile Worksheet
2. Articles of Incorporation or Articles of Organization (if applicable)
3. Operating agreement for LLC entities (if applicable)
4. Copy of driver's license or valid primary identification for each signer of the account

In order to determine the best account type for your business, it would be helpful for you to bring your previous bank statements.

2

## Identify your banking needs.

Evaluate the accounts and services that you currently use or are interested in and allow us to develop a financial solution to fit your specific needs.

3

## Transfer any Automatic Payments and Debits to First Security.

Use the [Automatic Payment Request](#) to assist you in quickly making the move. Some automatic payments may include merchant services transactions, monthly bill payments and monthly loan payments.

4

## Change your account for your payroll processing.

If you currently use an outside source to process your payroll, use the [Payroll Processing Request](#) to notify the company to begin processing your payroll from your new First Security account.

5

## Close your previous checking account.

Use the [Account Closing Request](#) to close your previous checking account. Before sending the request:

1. Check with your previous bank to make sure no additional forms or information are required.
  2. Inquire about any possible penalties with respect to early withdrawal before you close your account. If you have Certificates of Deposit (CDs), it is important to check the maturity dates.
  3. Be sure that all automatic transactions have been switched to your First Security account before closing your old account.
- After you've sent the request, check account statements to verify that all accounts have a zero balance and have been closed.

Visit any of our convenient locations or visit us online at [www.fsbank.com](http://www.fsbank.com) for more information.



# Business Profile Worksheet

Type of Business:      ☐ Sole Proprietorship      ☐ Corporation      ☐ Partnership      ☐ LLC      ☐ Other

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Tax ID #: \_\_\_\_\_

**Authorized Signer #1 Name** (first middle last) \_\_\_\_\_

Title/Position \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Authorized Signer #2 Name** (first middle last) \_\_\_\_\_

Title/Position \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Authorized Signer #3 Name** (first middle last) \_\_\_\_\_

Title/Position \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## 2 Accounts & Services

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Accounts and Services that you currently use or are interested in:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Business Checking        | <input type="checkbox"/> Business Debit Card                        | <input type="checkbox"/> Non-Profit Checking         |
| <input type="checkbox"/> Business Credit Card     | <input type="checkbox"/> Business Money Market Checking             | <input type="checkbox"/> Business Online Banking     |
| <input type="checkbox"/> Business Savings Account | <input type="checkbox"/> ACH Services/Direct Deposit                | <input type="checkbox"/> Commercial Loan             |
| <input type="checkbox"/> Line of Credit           | <input type="checkbox"/> Account Reconciliation                     | <input type="checkbox"/> Real Estate Loan            |
| <input type="checkbox"/> Safe Deposit Box         | <input type="checkbox"/> Tax Payment Services                       | <input type="checkbox"/> Certificate of Deposit (CD) |
| <input type="checkbox"/> Merchant Services        | <input type="checkbox"/> Retirement Programs (401k, IRA, SEP, etc.) | <input type="checkbox"/> Health Savings Accounts     |
| <input type="checkbox"/> Investment Products      | <input type="checkbox"/> Cash Management Services                   |  |

## 3 Automatic Payment Request

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### **Before sending the Automatic Payment Request:**

1. Identify any existing automatic payments.
2. Use the enclosed form to request that your automatic payment be established at First Security.
3. Confirm that the automatic payment has been moved to your First Security account before closing your account at your previous bank.

# 3 Automatic Payment Request

Payee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## RE: Changing My Automatic Payment ATTN: Accounts Receivable/Accounting

I have recently changed banks and would like to have my automatic payment with your company changed to my new account.

Please discontinue debiting my old account and begin making automatic withdrawals from my new First Security account.

If you have any questions regarding this request, please contact me by email or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely

Authorized Signer #1	Date	Print Name/Title
Phone	E-Mail	
Authorized Signer #2 (if applicable)	Date	Print Name/Title
Phone	E-Mail	
Authorized Signer #3 (if applicable)	Date	Print Name/Title
Phone	E-Mail	

## Automatic Payment (ACH Debit) Information



082901538 Routing Number  
234856789 Account Number

Your Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Customer Account # \_\_\_\_\_

Date of Payment \_\_\_\_\_ Payment Amount (or "amount due") \_\_\_\_\_

Old Bank Name \_\_\_\_\_ Routing # \_\_\_\_\_ Account # \_\_\_\_\_

New Bank Name **First Security Bank** Routing # **082901538** Account # \_\_\_\_\_

# 4 Payroll Processing Request

Payroll Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## **RE: Account Change Payroll Processing** **ATTN: Account Maintenance**

This letter is to inform you that I have recently changed banks. Effective \_\_\_\_\_, please stop processing my payroll from my old bank account and begin processing my payroll from my new First Security account.

If you have any questions regarding this request, please contact me by email or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

Authorized Signer #1	Date	Print Name/Title
Phone	E-Mail	
Authorized Signer #2 (if applicable)	Date	Print Name/Title
Phone	E-Mail	
Authorized Signer #3 (if applicable)	Date	Print Name/Title
Phone	E-Mail	

## **Payroll Information**

Old Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

New Bank Name **First Security Bank**

Routing Number **082901538** Account Number \_\_\_\_\_



# Account Closing Request

Old Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**RE: Close My Accounts**  
**ATTN: Account Maintenance**

This letter is to inform you I am closing my accounts at your bank. Please close the following account(s) listed below and send a check for the remaining balance(s) to my address.

If you have any questions regarding this request, please contact me by email or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

\_\_\_\_\_  
Company Name

_____ Authorized Signer #1	_____ Date	_____ Print Name/Title
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_____ Phone	_____ E-Mail
----------------	-----------------

_____ Authorized Signer #2 (if applicable)	_____ Date	_____ Print Name/Title
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_____ Phone	_____ E-Mail
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_____ Authorized Signer #3 (if applicable)	_____ Date	_____ Print Name/Title
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_____ Phone	_____ E-Mail
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## Account Closing Information

Account #1 \_\_\_\_\_

Account #2 \_\_\_\_\_

Account #3 \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_