Business Account Switch Kit

It is our goal to make it as simple as possible for you to transfer your business accounts to Liberty Bank. For added convenience, we have included all of the required forms in this switch kit.

Simply follow these steps:

☑ Step 1 - About You

Complete the Business Account Application and Authorized Signer Application (for each signer) and provide copies of your organizational documents to the Bank. See Business Documents inside this packet.

☑ Step 2 - Bank Statements

Provide us copies of your last 2 months bank and merchant card statements for us to evaluate your usage and determine the best fit for your business.

☑ Step 3 – Visit Liberty Bank

We are available by appointment if you would like to meet face to face during office hours. You can also send us everything electronically via secure email or fax. A Professional Banker will review your documents and assist you in selecting the accounts and services that are right for you and your business.

☑ Step 4 - Automatic Payments

Complete the enclosed Business Automatic Payment Transfer Form. Mail a copy of this form, along with a cancelled check from your new Liberty Bank account to every company and organization who debits your account for payment.

☑ Step 5 - Payroll Processing

Complete the enclosed Payroll Processing Change Request. Mail a copy of this form to your payroll provider instructing them to begin using your new Liberty Bank account.

☑ Step 6 - Don't Forget

Wait 30 days to close your old accounts. Make sure that sufficient funds remain in the account to cover any outstanding transactions. Once you are certain that there are no outstanding items, you may use the enclosed letter to assist in the process of closing your old accounts or follow the Bank's requirements to close the old account.

Business Documents

Please provide the following documents, based on the entity type of your business, to your Professional Banker when you are ready to open your accounts.

Sole Proprietorships

Business License

Corporations (S & C)

Business License
Certificate of Incorporation
Articles or By-Laws

Partnerships (General & Limited)

Business License
Partnership Agreement
Certificate of Trade Name

Limited Liability Company (LLC) or (LLP)

Business License
Certificate of Formation
Operating Agreement/Articles of Organization

Unincorporated Associations (Tax Exempt)

Articles of Association, By-Laws, or Meeting Minutes
Certificate of Trade Name
501(c)(3) IRS letter, if applicable

Lawyer's Trust Account

Articles of Organization/Operating Agreement
Certificate of Formation
Resolution Identifying Authorized Signers

Real Estate Trust Account

See Appropriate Entity Type Above

Recreation or Club

Meeting Minutes Authorizing Account

Business Accounts

Account Features	Business Essentials Checking	Premium Business Checking	Analysis Checking	Community Checking[1]
Minimum Opening Deposit	$100.00	$100.00	$100.00	$100.00
Interest Bearing	No	No	No	Yes
Tiered Rates	No	No	No	Yes
Monthly Service Fee	$5.00	$10.00	$15.00	$5.00
Minimum Average Balance Required to Waive Service Fee	$500.00	$2,500.00	Analyzed	$500.00
Transaction Fees	**200 FREE** combined debit & credit items, then $0.45 per item	**500 FREE** combined debit & credit items, then $0.45 per item	$0.10 per deposited item, $0.12 per electronic debit or credit, $0.15 per check w/d	**1000 FREE** combined debit & credit items, then $0.45 per item
Domestic ATM Charges	Waived	Waived	Waived	Waived
Online & Mobile Banking	Included	Included	Included	Included
E-Statements, Check Images & Notices[2]	Included	Included	Included	Included
Additional Benefits	FREE Small Business Online Banking with Bill Pay.	2 FREE domestic wires per month. Reduced rate on RDC. Qualify for Premium Money Market.	Earnings Credit to offset any fees.	5 FREE incoming wires per month. Reduced rate on RDC.

[1] Community Checking - available to Non-Profit Organizations only. Tier 1 - $.01 - $2,499, Tier 2 - $2,500 - $24,999, Tier 3 - $25,000 and up.

[2] Must be registered for online banking to access e-statements and notices.

Account Features	Business Savings	Business Money Market[1]	Premium Business Money Market[2]	Interest on Lawyer Trust Account[3]
Minimum Opening Deposit	$100.00	$100.00	$100.00	$100.00
Interest Bearing	Yes	Yes	Yes	Yes[3]
Tiered Rates	No	Yes	Yes	No
Monthly Service Fee	$5.00	$10.00	$10.00	N/A
Minimum Average Balance Required to Waive Service Fee	$500.00	$10,000.00	$10,000.00	N/A
Transaction Fees	N/A	N/A	N/A	**50 FREE** combined transactions, then $0.45 per item
Online & Mobile Banking	Included	Included	Included	Included
E-Statements, Check Images & Notices[4]	Included	Included	Included	Included
Additional Benefits	Unlimited Transfer & Withdrawals	Unlimited Transfer & Withdrawals	Unlimited Transfer & Withdrawals	4 FREE Domestic wires per month.

[1] Money Market Tiers -Tier 1 - up to $9,999, Tier 2 - $10,000-$24,999, Tier 3 - $25,000-$74,999, Tier 4 - $75,000 - $149,999, Tier 5 - $150,000 - $499,999, Tier 6 - $500,000 and up.

[2] Premium Business Money Market Tiers -Tier 1 - Up to $9,999, Tier 2 - $10,000 - $24,999, Tier 3 - $25,000-$74,999, Tier 4 - $75,000 - $149,999, Tier 5 - $150,000 - $500,000, Tier 6 - $500,000.01 and up. Limit one per tax ID. Must have open and active Premium Business Checking or Analysis Checking account.

[3] IOLTA/IRETA - This account requires the distribution of interest and does not allow interest to remain in the account.

[4] Must be registered for online banking to access e-statements and notices.

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Member FDIC

Liberty Bank

Date _____ Account Number(s) _____

☐ New Customer ☐ Existing Customer/New Account ☐ Existing Account/Changing Signers

Account Type:

- ☐ Business Essential Checking
- ☐ Premium Business Checking
- ☐ Analysis Checking
- ☐ Community Checking
- ☐ IOLTA
- ☐ IRETA
- ☐ Safe Deposit Box
- ☐ Business Money Market
- ☐ Premium Business MM
- ☐ Business Savings
- ☐ Certificate of Deposit

Term: _____

APY: _____

Account Services:

- ☐ Visa Debit Card
- ☐ Online Banking
  - ☐ ACH
  - ☐ Wires
- ☐ Overdraft Protection
- ☐ _____
- ☐ _____
- ☐ Sweeps
- ☐ Remote Deposit Capture
- ☐ Merchant Card Services
- ☐ Business Credit Card

Business Account Application

☐ Business Documents (Business License, Operating Agreement, etc.)

Business Name			TIN
Business Physical Address	City, State		Zip
Business Mailing Address	City, State		Zip
Primary Phone	Secondary Phone	Fax	
Email Address		Date Business Started	NAICS Code
Type of Business	Primary Trade Area	# of Locations	# of Employees

"to better understand your needs…"

What is the purpose of this account? (i.e. payroll, operating, taxes, etc)

Avg Monthly Balance:	Avg $ Cash Deposit:	Avg $ Cash Withdrawal:

# of ACHs/month:	Average $ ACH/each:	ACH Origin: ☐ U.S. ☐ Non-U.S.	Purpose of ACH:
# of Wires/month*:	Average $ Wire/each:	☐ Incoming ☐ Outgoing ☐ U.S. ☐ Non-U.S.	Purpose of Wire:
# of Cashiers Checks/month:	Avg $ of each Cashiers Check:		Purpose of Cashiers Check:

Will the business provide any of the following services? Check all that apply.

☐ Cash Checks for customers ☐ Own or operate private ATM ☐ Sell gift Cards
☐ Sell Money Orders ☐ Sell Lottery tickets ☐ Send or receive wire transfers on behalf of customers

If any of the above boxes are checked, please explain:

Reg. GG: We hereby acknowledge and certify that our business does not engage nor participate in internet gambling or illegal internet gambling activities. If our business model changes we will notify the bank of said changes. **Initials** _____

Controlled Substance: We hereby acknowledge and certify that our business or tentant of our business, does not engage nor participate in the cultivation, manufacturing or sale of a controlled substance (including marijuana). **Initials** _____

- - - Bank Use Only - - -

Source of funds:		Opening Deposit:			BSA-Risk Code:	
☐ BizChex/OFAC	☐ SOS/DOR	☐ Checks Ordered	☐ Sweeps	☐ OD Protection	☐ DCI Updated	

_____ _____

Uploaded/Completed By Date

New Account Audit Record

☐	Business Name	☐	Trade Area/# of Loc	☐	Reg GG Initialed	☐	Beneficial Owner Cert	Comments:
☐	TIN/SSN	☐	Account Number(s)	☐	Controlled Subst. Initialed	☐	Supporting Documents	
☐	Address/Phone	☐	ChexSystems/OFAC	☐	BSA Boxes completed	☐	*Wire Transfer Agreement	
☐	Business Date	☐	Purpose of Account	☐	How funded & total	☐		
☐	Business Type	☐	Transaction types/amount	☐	Sig Card Signed	☐		

_____ _____

Audited by Date

Business Name _____ Date _____ Account Number(s) _____

Liberty Bank

Status:
- ☐ New Account
- ☐ Existing Account/Updating Signers

Additional Access:
- ☐ Debit Card
- ☐ Online Banking

Authorized Signer Application

Customer Name (First, Middle,Last)			TIN
Physical Address	City, State		Zip
Mailing Address	City, State		Zip
Home Phone	Work Phone		Cell Phone
Identification #	Issue Date	Expiration Date	Type
Date of Birth	Mother's Maiden Name		City,State of Birth
Occupation (Business name & Title)	Password for Identification Verification		Password Hint
Email Address			

- - - Bank Use Only - - -

☐ ChexSystems/OFAC ☐ Online Access ☐ Debit Card

Uploaded/Completed By _____ Date _____

New Account Audit Record

☐	Customer Name	☐	Copy of ID	☐	Occupation	Comments:	
☐	TIN/SSN	☐	Date of Birth	☐	Account Number(s)		
☐	Address	☐	MMN	☐	ChexSystems/OFAC		
☐	Phone	☐	Place of Birth	☐	Sig Card Signed		

Audited By _____ Date _____

Payroll Processing Change Request

Date: _____

To: _____
Name of Company/Organization

Account #: _____

To Whom It May Concern;

I am closing my bank account at the following institution:

_____
Name of Former Financial Institution

_____ _____
Account # Routing#

New Bank Account Information/Authorization

Please begin processing my company's payroll through my new account at Liberty Bank.

Account Type: ❒ Checking ❒ Savings

Effective: ❒ Immediately ❒ Beginning _____/_____/_____

Account #: _____ Routing #: 125108984

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Please contact me if you have any questions regarding this request.

Thank you,

_____ _____
Signature of Authorized Signer Date

_____
Printed Name of Authorized Signer

Request to Close Account

Date: _____

To: _____
Name of Financial Institution

Attn: Customer Service Department

RE: Account #: _____

Please close my account(s) with your financial institution. To my knowledge there are no outstanding checks that need to clear against the balance and all automatic deposits and withdrawals have been stopped.

Please send me the remaining balance in the form of a cashier's check to the address on file.

Please contact me if you have any questions regarding this request.

Thank you,

_____ _____
Authorized Signer Date

_____ _____
Printed Name of Authorized Signer Phone Number