



Liberty
Bay
Bank

Business Account Switch Kit

It is our goal to make it as simple as possible for you to transfer your business accounts to Liberty Bay 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 bring with you to the Bank along with your organizational documents. See Business Documents inside this packet.

☒ Step 2 - Bank Statements

Bring copies of your last 2 months bank and merchant card statements to us in evaluating your usage and determining the products and services that will best benefit your business.

☒ Step 3 - Visit Liberty Bay Bank

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 LBB 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 LBB account.

☒ Step 6 - Don't Forget

Close your old accounts. Check with your former bank and make sure that sufficient funds remain in the account to cover any outstanding transactions. Once you are certain that there are no outstanding items, we've created a letter to assist in the process of closing your old accounts.



Business Accounts

	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 (if min. average balance is not maintained)	\$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	\$0.08 per deposited item, \$0.12 per debit or credit	1000 FREE combined debit & credit items, then \$0.45 per item
Domestic ATM Charges	Waived	Waived	Waived	Waived
E-Statements, Check Images & Notices ³	Included ²	Included ²	Included ²	Included ²
Online Banking with Bill Pay	Included ³	Included ³	Included ³	Included ³
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. And so much more!

¹ Community Checking - available to Non-Profit Organizations only. Tier 1 - \$0.01 - \$2,499.99, Tier 2 - \$2,500.00 - \$24,999.99, Tier 3 - \$25,000.00 and up.

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

³ Bill Pay - 15 Bills paid FREE each month, then \$0.45 per item.

	Business Money Market ¹	Premium Business Money Market ²	Business Savings	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	Yes	Yes	No	No
Monthly Service Fee (if min. average balance is not maintained)	\$10.00	\$10.00	\$5.00	N/A
Minimum Average Balance Required to Waive Service Fee	\$10,000.00	\$10,000.00	\$500.00	N/A
Transaction Fees	Limit of 6*, then \$5.00 per item	Limit of 6*, then \$5.00 per item	Limit of 6*, then \$5.00 per item	50 FREE combined transactions, then \$0.45 per item
Domestic ATM Charges	Waived	Waived	Waived	Waived
E-Statements, Check Images & Notices ⁴	Included	Included	Included	Included
Additional Benefits	Unlimited In-House Withdrawals	Unlimited In-House Withdrawals	Unlimited In-House Withdrawals.	4 FREE Domestic wires per month.

¹ Money Market Tiers -Tier 6 - \$0.01-\$9,999.99, Tier 5 - \$10,000.00-\$24,999.99, Tier 4 - \$25,000.00-\$74,999.99, Tier 3 - \$75,000.00 - \$149,999, Tier 2 - \$150,000 - \$499,999, Tier 1 - \$500,000 and up.

² Premium Business Money Market Tiers -Tier 6 - \$0.01 - \$9,999.99, Tier 5 - \$10,000.00-\$24,999.99, Tier 4 - \$25,000.00-\$74,999.99, Tier 3 - \$75,000.00 - \$149,999, Tier 2 - \$150,000 - \$500,000. Tier 1 - \$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.

*No more than six transfers may be made by check, draft, debit card or similar order to a third party.

Certificate of Deposit			
Terms	90 - 364 Day	12 - 35 Month	36 + Month
Minimum deposit of \$2,500. A penalty for early withdrawal. Jumbo CDs minimum deposit of \$100,000.			



Date _____

Account Number(s) _____

Business Account Application

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: _____

Loan Type:

- ☐ Line of Credit
☐ Cash Secured
☐ Construction/Land
☐ Home Equity
☐ Auto/Truck/RV/Boat
☐ Mortgage
☐ Other _____

Account Services:

- ☐ Visa Debit Card
☐ Cash Management
☐ ACH
☐ Wires
☐ Small Business Online Banking
☐ Bill Pay
☐ Overdraft Protection
- ☐ Sweeps
☐ Remote Deposit Capture
☐ Merchant Card Services
☐ Business Credit Card

- ☐ Business License
☐ Supporting Documentation
 (Articles, LLC Agreement, etc.)

Business Name		TIN	
Business Physical Address			
Business Mailing Address			
Primary Phone		Secondary Phone	
		Business Fax	
Email Address/Website		Date Business Started	NAICS Code
Type of Business	Primary Trade Area		# of Locations

"to better understand your needs..."

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

Average monthly balance?		Average \$ amount of each Cash Deposit?		Average \$ amount of each Cash Withdrawal?	
# of ACHs per month?	Average \$ amount of each ACH?	ACH Origination:		Purpose of ACHs?	
		U.S.			
		Non - U.S.			
# of Wires per month?	Average \$ amount of each Wire?	Incoming		Purpose of Wires?	
		U.S.			
		Outgoing			
		Non - U.S.			
# of Cashiers Checks per month?	Average \$ amount of each Cashiers Check?			Purpose of Cashiers Check?	

Will the business provide any of the following services?

- ☐ 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 _____

We hereby acknowledge and certify that 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?	Total dollar amount of new account(s)	BSA-Risk Code
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New Account Audit Record

Business Name	Account Number(s)	Completed/Uploaded By	Date
TIN/SSN	ChexSystems/OFAC	ChexSystems/OFAC Completed By	Date
Address/Phone	Reg GG initiated	Checks Ordered By	Date
Business Date	MSB Boxes completed	Debit Card Ordered By	Date
Business Type	BSA Boxes completed	Sweeps (Y/N)	Date
Trade Area	How funded & total	Internet Banking / Bill Pay Set Up By	Date
Locations	Sig Card Signed	Overdraft Protection (Y/N)	Date
Supporting Documents			

Date and Audited by _____

Business Account Name _____

Date _____

Account Number(s) _____

Authorized Signer Application

Patriot Act Information

In accordance with section 326 of the USA Patriot Act, applicants for new accounts are required to provide current picture identification that verifies identity including name, address, and other identifying information.

In some cases, identification will be requested for current account holders if original documentation was not obtained with the opening of the account. In all cases, protection of our customer's identity and confidentiality is our pledge to you.

We proudly support all efforts to protect and maintain the security of our customers and our country.

☐ Debit Card ☐ Online Banking Access ☐ Other: _____

Customer Name		Social Security Number	
Address			
Occupation (Business name & Title)	Primary Phone		Work or Cell Phone
Identification #	Issue Date	Expiration Date	ID Type
Date of Birth	Mother's Maiden Name		City, State of Birth
Email Address			
--- Bank Use Only ---			
New Account Audit Record		Completed/Uploaded By	Date
<input type="checkbox"/> Customer Name	<input type="checkbox"/> Account Number(s)	ChexSystems/OFAC	Date
<input type="checkbox"/> TIN/SSN	<input type="checkbox"/> ChexSystems/OFAC	Checks Ordered By	Date
<input type="checkbox"/> Address/Phone	<input type="checkbox"/> Sig Card Signed	Debit Card Ordered By	Date
<input type="checkbox"/> Title	Date and Audited by _____	Internet Banking / Bill Pay Set Up By	Date
<input type="checkbox"/> Date of Birth			
<input type="checkbox"/> Place of Birth			
<input type="checkbox"/> MMN			
<input type="checkbox"/> Copy of ID			



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Business Documents

Please bring the following documents, based on the entity type of your business, to our 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
Articles of Organization or LLC/LLP Agreement

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
Certificate of Formation
Resolution Identifying Authorized Signers

Real Estate Trust Account

See Appropriate Entity Type Above

Recreation or Club

Meeting Minutes Authorizing Account

Automatic Payment Change Request

Please include a canceled check and submit to every company/organization that automatically debits your old bank account for payments.

Date: _____

To: _____
Name of Company/Organization

Account #: _____

To Whom It May Concern;

I am closing my bank account from which you are authorized to deduct automatic payments. Please debit my new bank account for future payments as instructed below:

Account Type: ☐ Checking ☐ Savings

Effective: ☐ Immediately ☐ Beginning ____/____/____

New Bank Account Information/Authorization

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

Payroll Processing Change Request

Please complete this form and submit to your existing payroll provider.

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 Bay 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