

Stearns Select Money Market Account

To open a **Business** account, please fill in application completely



Primary Account Holder Information

Full Business Name _____

Street Address (Cannot be
P.O. Box) _____

City, State _____

Zip Code _____

Mailing Address(If different
than Street Address) _____

City, State _____

Zip Code _____

Work Phone Number _____

E-mail Address _____

Tax ID # _____

For Businesses We need(one of the following):

- Articles of Incorporation and Corporate Resolution
- Partnership Agreement
- LLC Articles of Organization and Member Control Agreements
- Cert. Of Assumed Name

Telephone Authorization

If you would like to transact business on this account over the telephone you must be able to identify yourself to the Bank's satisfaction (name, account number, etc.).

Agree _____

Disagree _____

I (We) do not authorize or direct Stearns Financial Services, Inc. on behalf of Stearns Bank NA and any Stearns Bank Affiliate, as my (our) agent, to transact any business on the above referenced account via the telephone such as:

- Account Inquiry
- Telephone Transfer
- Wire Instruction
- Change of Address

Do you wish to have Internet Access to this account?

No _____

Yes _____

If yes please choose an Online Banking UserID
_____ (up to 10 characters)

Authorized User(s): _____

What is the nature of your business?

Funding

Beginning Deposit Amount _____

Initial Deposit Received by: _____

-Wire _____

-Check _____

(An 11 day hold will be placed
on initial deposits made by
check.)

Interest should be paid monthly by:

-Compounding _____

-Interest checks mailed _____

-Electronic Transfer (ACH) _____

Bank Name: _____

Rtg # _____

Acct # _____

Type of Account: Checking _____

Savings _____

Wire Instructions:

ABA:091910455

Credit:

You can use your name or Tax ID # for the account number

I certify under penalties of perjury the following statements are true.

☐ The Taxpayer Identification Number (TIN) shown above is correct.☐ I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding
as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer
subject to backup withholding.☐ Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.I agree that the deposit account associated with my Stearns Money Market account will be governed by Stearns Bank N.A.'s
Deposit Account Agreement and Disclosure, Funds Availability Disclosure, Electronic Funds Transfer Disclosure and Truth in
Savings Disclosure.☐ I am a U.S. person (including U.S. resident alien)

Signature of Account Holder: _____ Date: _____

How did you hear about us? _____

Account Signers

Signer One

Full Name _____

Street Address _____
(cannot be PO box)

City _____

State _____

Zip Code _____

SSN _____

Date of Birth _____

Signature _____

Signer Two

Full Name _____

Street Address _____
(cannot be PO box)

City _____

State _____

Zip Code _____

SSN _____

Date of Birth _____

Signature _____

Signer Three

Full Name _____

Street Address _____
(cannot be PO box)

City _____

State _____

Zip Code _____

SSN _____

Date of Birth _____

Signature _____

Signer Three

Full Name _____

Street Address _____
(cannot be PO box)

City _____

State _____

Zip Code _____

SSN _____

Date of Birth _____

Signature _____