

NEW BUSINESS ACCOUNT APPLICATION

PLEASE CHECK ALL ACCOUNTS YOU WISH TO OPEN:

Checking Savings Money Market Certificate of Deposit Online Banking Other

BUSINESS INFORMATION

Name of Business

Address

City *State* *Zip*

Mailing Address If Different

City *State* *Zip*

Business Phone

TIN

Nature of Business

Purpose of Account

\$
Opening Deposit Amount

ACCOUNT SIGNERS

(1) Name

Title *Debit Card (Y/N)*

(2) Name

Title *Debit Card (Y/N)*

(3) Name

Title *Debit Card (Y/N)*

(4) Name

Title *Debit Card (Y/N)*

Name of Secretary (for Corp)

Name of Managing Member (for LLC)

BUSINESS DOCUMENTATION: (PLEASE ATTACH A PHOTOCOPY)

Articles of Incorporation Partnership Agreement Other Business ID

IF SIGNERS ARE "NEW" TO MERCHANTS BANK OF INDIANA, PLEASE COMPLETE THE BUSINESS SIGNER PROFILE FOR EACH SIGNER.

BUSINESS SIGNER PERSONAL PROFILE

PLEASE COMPLETE ONE SHEET FOR EACH ACCOUNT SIGNER

ACCOUNT SIGNER INFORMATION

_____/_____/_____
Name (First MI Last)

Home Address

City State Zip

Primary Phone Other Phone

_____/_____/_____
SSN DOB

Name of Employer Work Phone

Occupation Email

IDENTIFICATION: (PLEASE ATTACH A PHOTOCOPY OF ID)

Drivers License Passport State ID Military ID

ID Number Issue Date Expiration Date

State Issued

DIRECT DEPOSIT FORM

To Whom It May Concern:

I authorize _____ (Company Name) to change my direct deposit instructions.

I have closed my checking account savings account.

Former Direct Deposit Location:

Financial Institution: _____

Account Number: _____

Bank Routing Number: _____

Please Direct My Deposits to my Merchants Bank of Indiana Account:



Checking Account/Account Number: _____
Routing Number 074909153
Name: _____
Deposit Amount (if applicable): \$ _____

Money Market Account/Account Number: _____
Routing Number 074909153
Name: _____
Deposit Amount (if applicable): \$ _____

If you have any questions about this request, please contact the account holder at: _____

Thank You.

Sincerely,

Signature

Signature (if applicable)

Printed Name

Printed Name (if applicable)

Date of Request

AUTOMATIC PAYMENTS

To Whom It May Concern:

I authorize _____ (Company Name) (Account Number) _____ to draw payments from my Checking/Savings account. This authority will remain in effect until I notify you in writing to cancel, allowing time for the financial institution to act on it. I can stop payment of any entry by notifying my financial institution at least 5 days before my account is charged.

My Current Automatic Payments Are Drawn From:

Financial Institution: _____

Account Number: _____

Bank Routing Number: _____

Please Switch My Automatic Payments to:



Checking Account
New Account Number: _____
Payment Amount (if applicable): \$ _____

Savings Account
New Account Number: _____
Payment Amount (if applicable): \$ _____

If you have any questions about this request, please contact me at: _____

Thank You.

Sincerely,

Signature

Signature (if applicable)

Printed Name

Printed Name (if applicable)

Date of Request

ONLINE BANKING AND BILL PAYMENT

PAYEE WORKSHEET

If you were using your previous financial institution's bill payment service, simply print out your existing payee screens to use as a reference when setting up your new Merchants Bank of Indiana online bill payment service. You may also use this worksheet as a reference.

My Current Payees:

Payee Name: _____

Payee Address: _____

Payee Phone: _____ Account Number: _____

Payee Name: _____

Payee Address: _____

Payee Phone: _____ Account Number: _____

Payee Name: _____

Payee Address: _____

Payee Phone: _____ Account Number: _____

Payee Name: _____

Payee Address: _____

Payee Phone: _____ Account Number: _____

Feel free to call one of our branch offices for assistance or email us at cs@merchantsbankofindiana.com.

Thank You.



ACCOUNT CLOSING FORM

To Whom It May Concern:

Please close the following bank account(s):

Name on Account Checking Savings

Account Number

Name on Account Checking Savings

Account Number

Please send all remaining balances to my attention at the following address:

Address

City _____
State _____
Zip Code

If you have any questions about this request, please contact me at: _____

Thank You.

Sincerely,

Signature

Signature (if applicable)

Printed Name

Printed Name (if applicable)

Date of Request

Notary Stamp and Signature