

New Deposit Account Notification Form

TO: Community Advantage / Deposit Services

Date: _____

Association Name: _____

Management Co. Name: _____

Address: _____

City, State, Zip: _____

Tax Identification Number: _____

Average # of checks written per mo: _____

Average \$ amount of checks written per mo: _____ \$

Number of Units in Property: _____

Assessment Range for Property: _____ \$

Add to I Business Banking: Y N

Add to ACH: Y N

Add to I Business Capture: Y N

Add to Pos Pay/Debit Block: Y N

Lockbox Building ID: _____

Effective date for Lockbox: _____

Duplicate Statement address, if applicable:

CUSTOMER AUTHORIZATION

Customer Signature (required)

For Office Use Only:

Account number assigned:

Date maintenance submitted:

Other: