

NEW CHECKING ACCOUNT NOTIFICATION FORM

Date: _____

Association name: _____

Management company name: _____

Primary statement address: _____

City, state, ZIP code: _____

Primary phone number: _____

Tax identification number: _____

Average number of checks written per month: _____

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

Number of units in property: _____

Real property address: _____

Add to i-BusinessBanking: Y N Add to ACH: Y N

Add to i-BusinessCapture: Y N Add to wire agreement: Y N

Add to positive pay/debit block: Y N

Lockbox building ID: _____ Effective date for lockbox: _____

Duplicate statement address, if applicable: _____

Required documentation: Attached to request Use existing on file for this association

Initial funding by: Check attached ACH Wire Transfer

IBC Lockbox

Board of directors or managing agent signature (required): _____

FOR OFFICE USE ONLY:

Account number assigned: _____ Date maintenance submitted: _____