

New Checking Account Notification Form

Date: _____

Association Name: _____

Management Co. Name: _____

Address: _____

City, State, Zip: _____

Tax Identification Number: _____

Average # of checks written per month: _____

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

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 Wire Agreement: Y N

Add to Pos 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

BOD or Managing Agent Signature(required): _____

For Office Use Only:

Account Number Assigned: _____ Date Maintenance Submitted: _____