

NEW RESERVE ACCOUNT NOTIFICATION FORM



Date: \_\_\_\_\_

Money Market     Savings     Certificate of Deposit     MaxSafe

Association Name: \_\_\_\_\_

Management Co. Name: \_\_\_\_\_

Primary Statement Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Management Co. Phone Number: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

Real Property Address: \_\_\_\_\_

Initial Deposit: \_\_\_\_\_

Add to i-BusinessBanking:     Y     N                      Add to i-BusinessCapture:     Y     N  
Add to Wire Agreement:         Y     N

Duplicate statement address, if applicable: \_\_\_\_\_

Required Documentation:

- Attached to Request
- Use existing on file for this association

Initial Funding By:     Check Attached     Transfer     Wire     i-BusinessCapture

BOD or Managing Agent Signature (required): \_\_\_\_\_

For Office Use Only:

Account Number Assigned: \_\_\_\_\_    Date Maintenance Submitted: \_\_\_\_\_