

Business/Organization Change Application

Union National Bank 101 E. Chicago Street, Elgin, IL 60120 847-888-7500 Fax 847-888-2662 Member FDIC

Account Name _____

Account# _____

Change Of Address

Please Change The Mailing Address On Your Records For: *Select One:* All Accounts Only On Accounts # _____

New Address _____

City _____ ST _____ Zip _____ Daytime Phone _____ Evening Phone _____

Only one owner must sign below, unless account/box requires more than one signature to withdraw/access.

Add A Signer To An Account/Safe Deposit Box – If result of 25% or more ownership change, complete new Application for Business Account form.

Please Add This Person(s) To: Deposit Account Safe Deposit Box Number _____

As: Authorized Signer¹ Power Of Attorney¹ Safe Deposit Deputy¹

Authorized Signer Names - Please Print	Title	Mother's Maiden Name	Signature* - If Facsimile Signature Authorized, Initial Box To Left Of Signature
1)			X
2)			X
3)			X

1) Secretary, or other authorized officer/owner/manager must certify below.

Remove Own Name From An Account/Safe Deposit

Please Remove Me As A Signer From Deposit Account Safe Deposit Box Number _____

Must be signed below by person requesting removal AND notarized.

Revoke Authorized Signer/Internet Access/POA/Beneficiary From Account/Safe Deposit Box

Please Remove _____ As An: Authorized Signer Power Of Attorney Pay On Death Beneficiary

From: Deposit Account Safe Deposit Box Number: _____

Secretary, or other authorized officer/owner/manager must certify below.

New ATM/Debit Card Please Issue Card(s) To _____

Checking/NOW/MoneyMarket Account # _____ Savings Account # _____

Cash Station ATM Card - Available Only For Checking, NOW, Savings And Money Market Accounts. Businesses May Deposit Only.

Visa Debit Card - Requires Checking, NOW Or Money Market Account. - Sole Proprietorship Accounts Only.

Secretary, or other authorized officer/owner/manager must certify below.

Miscellaneous Maintenance Items -

New Stop Payment Letter _____ Email _____ or Verbal from _____ Account _____ Payee _____

Check # _____ Amount \$ _____. If ACH, Date of Last Debit _____ Company ID _____

Note: No customer signature is required for new stop payment since customer will sign the Stop Payment Notice. **Yellow copy and printouts go to Oper.**

Cancel The Following Stop Payment Order: Account _____ Check # _____ Amount \$ _____

Change Account Type From _____ To _____ On Account # _____

Change Number Of Signatures Required To Withdraw On This Account From _____ To _____

Transfer \$ _____ to Account # _____ in the name of _____

Deduct Future Safe Deposit Rental Payments From My UNB Account. Box # _____ Account _____

Cancel My/Our Line of Credit, Effective Immediately. Account _____

Deduct Payments For Loan Number _____ From My Account # _____ With UNB _____ or

With Other FI _____ (financial institution name). Attach voided copy of deposit slip or check.

Other _____

Safe Deposit Box Lease:

All boxes 22" long. Box height/width: 3x5 (1) 3x11 (2) 5x5 (7) 4x11(3) 5x11(8) 10x11(4) 10x15 (5) 10x16 (6).

Union National Bank deposit account to debit for automatic rental payments _____

Bank Use: Box Number _____ Rent Payment Received \$ _____ Key Deposit Received \$ _____ Date _____ By _____

SIGNATURES *Under penalties of perjury, I certify that the actions listed above are authorized on behalf of this business or organization, and that I have the authority to certify as to their validity. My signature acknowledges receipt of the Union National Bank Owner's Manual, including all applicable disclosures. This application is subject to all agreements, rules and regulations adopted by the Bank for the services or credit line applied for. I/we agree to be bound by them.

X	Date	X	Date
X	Date	X	Date

IF NOTARY PUBLIC REQUIRED: Subscribed To And Sworn Before Me This _____ Day Of _____, _____

Seal

Notary Public _____

Request Processed By _____ On ___/___/____.

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