

**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 Signer<sup>1</sup>  Power Of Attorney<sup>1</sup>  Safe Deposit Deputy<sup>1</sup>

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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