

For Office Use Only

EFD# _____



EFD Application

COMPANY INFORMATION

Business Name: _____

Primary Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Other: _____ Email Address: _____

ORGANIZATIONAL INFORMATION (If multiple owners, please list them on the sheet provided, including name, SSN and address.)

My business is a: Corporation Partnership Sole Proprietor

Owner Name: _____ SSN: _____

DOB: _____ Driver's License #: _____ State of issuance: _____ Expiration Date: _____

Address of Owner: _____

City: _____ State: _____ Zip: _____

List all agencies that regulate your business:

BANK REFERENCE (EFD fees that you assess will be deposited to this account.)

Fee to be withheld from customer checks by RCB (\$0 - \$9.99) \$ _____

Routing Number: _____ Account Number: _____

Account Type: Checking Savings

By signing and executing this application, you are hereby granting River City Bank the authority to check all personal credit histories, criminal backgrounds and to verify any and all information provided on this application.

Signature: _____ Date: _____

Title: _____

Signature: _____ Date: _____

Title: _____

****Application must be signed by all owners.**

Fax completed application to (270)547-5157

Revised April 06, 2016

Owner Name: _____ SSN: _____

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Address of Owner: _____

City: _____ State: _____ Zip: _____

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Title: _____

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