

The Bank of Elk River Business Ready Reserve Overdraft Protection Application

BUSINESS READY RESERVE APPLICATION Amount Requested Business Checking Account # Business Ready Reserve can be accessed by check, phone or teller Name of Authorizing Officer/Business Owner transfer. It automatically advances in \$200 increments whenever your Authorizing Officer/Business Owner must ne one of the following: ☐ President/Chairman ☐ Vice President ☐ Treasurer ☐ Owner ☐ Partner checking balance falls below \$0. Home Address/Street To qualify, you must have been in business for at least 24 months. You must answer all questions and Zip sign below to avoid a processing delay. Social Security Number Date of Birth **Company Information** Name of Company Home Phone Office Phone Company Address/Street Gross Annual Income Source of Income City State Zip By signing this application, the business owners request that the bank establish an overdraft line of credit in accordance with this application and authorize the bank to investigate, obtain, and exchange reports Company Phone Company Tax ID# Years in Business regarding this application or resulting account(s) with credit reporting agencies, employers and others. Applicant further agree that if an account is opened they will be liable for all charges as follows: (1) Type of Organization (Check One) Company (employer) is jointly and severally liable with individual ☐ Proprietorship ☐ Corporation ☐ Partnership ☐ Non-Profit ☐ Other applicants, (2) individual applicants (employee) are individually and jointly liable. Account Owners will use the account solely for business purposes and in accordance with the terms and conditions in the Business Authorizing Officer(s)/Business Owner(s) ready Reserve Overdraft Protection Agreement provided when the account is opened and amended from time to time. Name of Authorizing Officer/Business Owner This application must be signed by an officer, partner or proprietor of the company with the authority/corporate resolution to bind the company to Authorizing Officer/Business Owner must be one of the following: the terms of this agreement. Title must be indicated. ☐ President/Chairman ☐ Vice President ☐ Treasurer ☐ Owner ☐ Partner Home Address/Street NOTICE – JOINT CREDIT We intend to apply for joint credit. (initials) City Zip Signature and Title of Authorizing Officer/Business Owner Date X Social Security Number Date of Birth Home Phone Office Phone Signature and Title of Authorizing Officer/Business Owner Date X Gross Annual Personal Income** Source of Income