



Flatirons Bank

NEW ACCOUNT WORKSHEET – NONPROFIT

Account Number(s) Assigned:		Account Type:	
Nonprofit / Entity Name:	Nature of Nonprofit:	Taxpayer ID #:	Organization Website:
Street Address: <small>(Physical address must be provided)</small>	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Phone:	Alternate Phone:	Email Address:	
Signer Name (1):	Date of Birth:	Social Security #:	Mother's Maiden Name:
Street Address: <small>(Physical address must be provided)</small>	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Phone:	Alternate Phone:	Email Address:	
Signer Name (2):	Date of Birth:	Social Security #:	Mother's Maiden Name:
Street Address: <small>(Physical address must be provided)</small>	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Phone:	Alternate Phone:	Email Address:	



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Signer Name (3):	Date of Birth:	Social Security #:	Mother's Maiden Name:
Street Address: <small>(Physical address must be provided)</small>	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Phone:	Alternate Phone:	Email Address:	
Signer Name (4):	Date of Birth:	Social Security #:	Mother's Maiden Name:
Street Address: <small>(Physical address must be provided)</small>	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Phone:	Alternate Phone:	Email Address:	
How does the organization obtain its funding, from whom and how often (in general)?	FREQUENCY _____ _____ _____	How does the organization pay its beneficiaries, who are they and how often are they generally paid?	FREQUENCY _____ _____ _____
FUNDING SOURCE _____ _____ _____		BENEFICIARY _____ _____ _____	
Do you / will you cash checks for others? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you / will you perform wire transfer services for others (Money Gram/Western Union, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you / will you sell money orders? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your business offer internet gambling? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Comments related to non-profit activities: _____			



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The information I have provided is correct to the best of my knowledge. I authorize this financial institution to check credit and /or employment history should it be deemed necessary.

Print name(s) of Authorizing Officer(s):	Signature of Authorizing Officer(s):	Date

BANK USE ONLY							
<input type="checkbox"/> Canyon Location				<input type="checkbox"/> Longmont Location			
Date Account Opened:	Account Type:	Amount of Opening Deposit:	Source of Funds: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Internal Transfer	Other Accounts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Relationship: <input type="checkbox"/> Yes <input type="checkbox"/> No	Satisfactory Check Systems (New Accounts Only): <input type="checkbox"/> Yes <input type="checkbox"/> No	OFAC: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Name:		Reviewed by:				Date:	