



Centennial Bank

Business Banking Switch Kit

Thank you for making the switch to Centennial Bank. We are a bank that can offer you a diverse suite of business financial services all with a single, personal point of contact. For more information, call (402) 891-0003.

It's easy to switch your account to Centennial Bank. Simply print the following pages, complete the appropriate forms, and drop them off at the nearest Centennial Bank office.



Centennial Bank

Business Account Form 1



The following information is required in order to open a business account with Centennial Bank.

Required Documentation

Please provide copies of the following documents that pertain to your type of business. A valid driver's or state identification is required of all authorized signers.

Driver's License	Valid driver's license or state identification for each authorized signer
Corporation	Articles of Incorporation
Partnership	Partnership Agreement
Sole Proprietorship	Registered Assumed Name Certificate
Non-profit Corporation	Non-Profit Status Form
Trust	Trust Agreement
Estate	Death Certificate, Letter of Testamentary

Company Information

Legal Name of Entity

Federal Tax Identification Number

DBA (if applicable)

Social Security Number (for sole proprietorships)

Type of Business (check one)

- | | | |
|--------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Estate |

Street Address

City, State, Zip

Mailing Address (If Different)

City, State, Zip

Phone Number

Alternate Phone Number

Fax Number

9003 S. 145th Street, Omaha, NE 68138

Ph: 402-891-0003
www.cbomaha.com

Fax: (402) 891-0007



Business Account Form 2



Authorized Signer 1

Name	Home Phone Number
Social Security Number	Date of Birth
Home Address Apt #	City, State, Zip
Driver's License Number	State Expiration Date
Email Address	
Customer I.D. Verification <input type="checkbox"/> Mother's Maiden Name <input type="checkbox"/> City of Birth <input type="checkbox"/> Other	

Authorized Signer 2

Name	Home Phone Number
Social Security Number	Date of Birth
Home Address Apt #	City, State, Zip
Driver's License Number	State Expiration Date
Email Address	
Customer I.D. Verification <input type="checkbox"/> Mother's Maiden Name <input type="checkbox"/> City of Birth <input type="checkbox"/> Other	

Accounts and Services

Please check all accounts you would like to open today.

- | | | |
|--|---|---|
| <input type="checkbox"/> Small Business Checking | <input type="checkbox"/> Small Business Plus Checking | <input type="checkbox"/> Business Checking |
| <input type="checkbox"/> Business Savings | <input type="checkbox"/> Business Money Market | <input type="checkbox"/> Certificate of Deposit |

Online Features

Please check the online features you require.

- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> CenBank Net | <input type="checkbox"/> e-Statements | <input type="checkbox"/> Combined Statements |
|--------------------------------------|---------------------------------------|--|

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Centennial Bank

Cash Management Request Form



Instructions

Please indicate which Cash Management services you are interested in. For questions, please contact:

Jessica Foote
First Vice President
Centennial Bank
9003 S. 145th Street
Omaha, NE 68138
Phone: 402-891-0003
Fax: 402-891-0007

Company Name: _____

Contact Name: _____

Cash Management Services

- | | |
|--|--|
| <input type="checkbox"/> CenBank Sweep | <input type="checkbox"/> CenBank Net* |
| <input type="checkbox"/> ACH Transactions* | <input type="checkbox"/> CenBank Deposit |
| <input type="checkbox"/> Zero Balance Accounts | <input type="checkbox"/> Bill Pay Plus* |

- Internet Banking services required

9003 S. 145th Street, Omaha, NE 68138

Ph: 402-891-0003
www.cbomaha.com

Fax: (402) 891-0007



Close Account Request

Date: _____

To Whom It May Concern:

Effective immediately, please close the account(s) listed below. Please process and forward any remaining funds in the account(s) by check to:

Centennial Bank
9003 South 145th Street
Omaha, Nebraska 68138

The following accounts should be closed:

Checking Account Number

Account Owner Name(s)

Savings Account Number

Account Owner Name(s)

Money Market Account Number

Account Owner Name(s)

Other Account Number(s)

Account Owner Name(s)

If you have any questions regarding this request, please contact:

Account Owner Name

Mailing Address

City, State, Zip

Daytime Phone Number

Evening Phone Number

Account Owner Name

Mailing Address

City, State, Zip

Daytime Phone Number

Evening Phone Number

Thank you for your assistance in completing this request.

Sincerely,

Signature

Date

Signature

Date