



New Account Request Form

Privacy Notice:

TWB will not share your information with anyone. This information is used for the sole purpose of establishing an account at The Westchester Bank.

Please complete one form for each authorized signer

NAME: _____

ADDRESS: _____

CITY, STATE: _____

ZIP CODE: _____ COUNTY: _____

DATE OF BIRTH: _____ S.S. #: _____

OCCUPATION (if retired, please indicate what you are retired from): _____

DRIVER'S LICENSE #/STATE OF ISSUANCE: _____ / _____

Issued Date/Expiration Date: _____ / _____ / _____ & _____ / _____ / _____

For Branch Use Only:

Does address on driver's license match address given above? ☐ Yes ☐ No

If not, please explain why:

EMAIL ADDRESS: _____

CELL #: _____

HOME PHONE #: _____

WORK #: _____

EMPLOYER: _____

MOTHER'S MAIDEN NAME: _____



The Westchester Bank

New Business Account Request Form

Privacy Notice:

TWB will not share your information with anyone. This information is used for the sole purpose of establishing an account at The Westchester Bank.

Please complete one form for each business account that will be established

BUSINESS NAME: _____

BUSINESS ADDRESS (Where is the business physically located?):

MAILING ADDRESS (Where does the business owner want the mail delivered?):

BUSINESS PHONE NUMBER: _____

BUSINESS TYPE: C Corp S Corp Limited Liability Company Partnership
 Sole Prop Other _____

NATURE OF BUSINESS: _____

TAX ID# _____

I would like more information on the following services (check all that apply):

Business Online Banking

Business Bill Pay

Remote Deposit Capture

ACH Origination

Merchant Services

Wire Transfers

Positive Pay

Lock Box



The Westchester Bank

Commercial Loan Application

1. Loan Request

Credit Products	Loan Amount/Payment Terms	Purpose
A. <input type="checkbox"/> Term Loan B. <input type="checkbox"/> Line of Credit C. <input type="checkbox"/> Commercial Mortgage D. <input type="checkbox"/> Construction Loan E. <input type="checkbox"/> Other _____	Amount: _____ Repayment Terms: _____	The funds will be used for:

2. Business Information

Business Profile					
Legal Name of Borrower and DBA (if Applicable)					
Business Street Address (Not PO Box)			Business Mailing Address (if Different)		
City	State	Zip	City	State	Zip
Business Phone # ()	# of Employees	Tax ID #	Year Established	Time as Owner Yrs Mos	
Legal Structure: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____		Business Annual Sales Are: <input type="checkbox"/> Less Than \$1Million <input type="checkbox"/> \$1 Million and above		Primary Bank: <input type="checkbox"/> The Westchester Bank <input type="checkbox"/> Other _____ Years at Primary Bank _____	
What does your business do?				Current Business Checking Balance \$ _____	

3. Principal/Guarantor Information

All Owners and Guarantors must be listed. All individuals with 20% or more ownership must guarantee. Attach additional sheets if necessary.				
1. Individual's Legal Name	Social Security Number	Date of Birth	Business Title	% of Ownership
Home Address (Not PO Box)	City	State	Zip	Home Phone
2. Individual's Legal Name	Social Security Number	Date of Birth	Business Title	% of Ownership
Home Address (Not PO Box)	City	State	Zip	Home Phone

4. Authorization Agreement

<p>The information provided in this credit request is provided to induce The Westchester Bank (the "Bank") to extend or continue to extend credit to the above named business. Each person signing this credit request certifies that he/she is authorized to execute this credit request on behalf of the business named above and that all information provided in this credit request on behalf of the business named above is true, correct and complete and agrees to notify the Bank promptly of any material change to this information with respect to, or in the financial condition of, the business named above and, if financial information is provided in this credit request with respect to the persons signing this credit request, such persons. Each person signing this credit request authorizes the Bank at any time to make inquiries to obtain information on the business named above and such persons which the Bank feels is necessary or appropriate for processing this credit request or maintaining or collecting any credit extended including obtaining business reports on the business named above and consumer or personal reports on the persons signing below and to provide information to others about the credit worthiness of and the Bank's experience with the business named above and the persons signing this credit request. If the business is a corporation, partnership or limited liability company, all shareholders, partners or members must sign this credit request. If the business is a sole proprietorship, the owner must sign.</p>			
Authorized Signer (Please Print)	Signature	Title	Date
Authorized Signer (Please Print)	Signature	Title	Date

Date: _____

Name: _____ Social Security: _____

Address: _____ Phone: _____

Date of Birth: _____ Are the Assets & Liabilities on this statement owned jointly? _____

Name of Co-Owner: _____ Social Security: _____



ASSETS				LIABILITIES			
Cash on Hand in Banks	Schd. 4			Notes Payable to TWB	Schd. 4		
Marketable Securities	Schd. 1			Notes Payable to other Banks	Schd. 4		
Other Securities	Schd. 1			Installment Loans	Schd. 4		
Amounts owed to me by Relatives & Friends							
Schd. 4							
Amounts owed to me by others	Schd. 4						
Real Estate Owned	Schd. 2			Amounts owed to Relatives or Friends			
Mortgages owed to me	Schd. 4			Life Insurance Loans			
Cash Value of Life Ins.	Schd. 3			Accounts Payable	Schd. 3		
Face Value				Accounts Payable			
Automobiles				Unpaid Taxes & Interest			
Personal Property				Mortgages:	Schd. 2		
Other Assets-Itemize:				Other Liabilities:			
				Total Liabilities			
				Net Worth (Assets-Liabilities)			
Total Assets				Total Liabilities + Net Worth			

Business Information	Other Information
Business or Occupation? _____	Name of Attorney: _____
Owner(s): _____	Phone: _____
Business Phone: _____ Fax: _____	Name of CPA: _____
Are you a partner of officer in any other business? _____	Phone: _____
Name of Business? _____	Name of Insurance Agent: _____
Owner(s): _____	Phone: _____
Name of Business? _____	Do you have a will? _____
Owner(s): _____	Are you a co-maker or guarantor on any other debt, personal or business? _____ Amount: _____

Are you a defendant in any legal suit or action? _____

Are there any unsatisfied judgments against you? _____

Have you ever been through bankruptcy or made settlement with creditors? _____

If yes to any of the above please explain: _____

I/We authorize you to obtain such credit information as you may require and to answer questions about your credit experience with me.

Schedule 1 – Marketable and Other Securities				
No. of Shares / Face Value of Bonds	Description	Title in Name of	Market Value	Pledged, Where
Total				

Schedule 2 – Real Estate Owned							
Location / Description	Percent Ownership	Title In name of	Cost	Market Value	Mortgage Holder	Monthly Payment	Balance
Total							

Schedule 3 – Life Insurance					
Face Amount	Insurance Company	Type	Cash Value	Loans	Beneficiary
Total					

Schedule 4 – Notes, Installment Loans, Credit References, Deposit Accounts									
Name & Address								C	H
								D	I
<div> We may order an appraisal to determine the property's value and charge you for the appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost. By signing below, you acknowledge receipt of this appraisal notice </div>									

Signature: _____

Date: _____

Signature: _____

Date: _____