

# UBM Direct Savings - Government/Municipal/Public Funds Account Application

(Application may be completed on your screen and Printed. \* indicates required field.)

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| *Entity Name         | * Tax ID Number      |

|   |                      |                      |                      |
|---|----------------------|----------------------|----------------------|
| <input type="text"/>                      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Entity Address                            | *City                | *State               | *ZIP                 |
| <input type="text"/>                      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mailing Address (if different than above) | City                 | State                | ZIP                  |

How did you hear about this account?

## Authorized Signers

|                          |                      |                      |                      |
|--------------------------|----------------------|----------------------|----------------------|
| <input type="text"/>     | <input type="text"/> | <input type="text"/> |                      |
| * First Name             | MI                   | * Last Name          |                      |
| <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| * Home Address           | *City                | *State               | *ZIP                 |
| <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| *Social Security Number  | * Email              | * Home Telephone     | * Date of Birth      |
| <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| * Drivers License Number | * State of Issue     | * Expiration Date    | *Signature           |

|                          |                      |                      |                      |
|--------------------------|----------------------|----------------------|----------------------|
| <input type="text"/>     | <input type="text"/> | <input type="text"/> |                      |
| * First Name             | MI                   | * Last Name          |                      |
| <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| * Home Address           | *City                | *State               | *ZIP                 |
| <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| *Social Security Number  | * Email              | * Home Telephone     | * Date of Birth      |
| <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| * Drivers License Number | * State of Issue     | * Expiration Date    | *Signature           |

For additional account signers, please include the required information on a separate sheet.

## Checking Account Information

For future online transfers from your UBM Direct Savings, you need a checking account to link to. With this account, you will be able to make transfers to and from your UBM Direct Savings through Online Banking.

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| *Bank Name           | *Bank Routing #      | *Bank Account #      |

## Initial Account Funding

How will you initially fund this account? (Maximum account vaule is \$100,000.00)

- Debit my Checking Account above once my application is approved for \$\_\_\_\_\_.
  
- I will send a wire once my application is approved. Ultima Bank Minnesota will contact you with specific wiring instructions.

**Automatic Savings Program**

Complete below if you desire to set up automatic transfers from your checking account referenced above to your UBM Direct Savings account.

\*Frequency

\*Start Date (mm/dd/yyyy)

\*Recurring Amount

*Please print your completed application and mail it along with copies of the required documents listed below to Ultima Bank Minnesota, PO Box 299, Fosston, MN 56542 or fax to (218) 435-2266*

**Required Documents**

(Not required for current Ultima Bank Minnesota business customers if we already have the documents on file)

Proof of Tax ID number- Department of Treasury/IRS Assignment of TIN or EIN