

Attorney Trust CBT Transaction Setup Form

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ATTORNEY TRUST MASTER DISBURSEMENT CHECKING ACCOUNT NUMBER	ATTORNEY TRUST MASTER DISBURSEMENT CHECKING ACCOUNT TITLE	
The Internal Revenue Service req	uires that we obtain a completed & signed IRS Form W-9	(certify taxpayer
identification number) or IRS Form	W-8BEN (certification of foreign status) for each client sub-a	account. We must
receive the IRS forms prior to open	ing the sub-account.	
Attorney Trust CBT Transaction	Setup Forms received by the Bank after 3:00pm will I	pe processed on
•	he day on which the form was received.	, p
Please chec	k if Wire Transfer or Official Check will be issued sa	me day.
CLIENT 1'S NAME	CLIENT 1'S ADDRESS	W9 FORM YES
SUB-ACCOUNT NUMBER	DEPOSIT \$ AMOUNT WITHDRAWAL \$ AMOUNT	CLOSING Y/N
]
CLIENT 2'S NAME	CLIENT 2'S ADDRESS	W9 FORM YES
		1
SUB-ACCOUNT NUMBER	DEPOSIT \$ AMOUNT WITHDRAWAL \$ AMOUNT	CLOSING Y/N
CLIENT 3'S NAME	CLIENT 3'S ADDRESS	W9 FORM YES
]
SUB-ACCOUNT NUMBER	DEPOSIT \$ AMOUNT WITHDRAWAL \$ AMOUNT	CLOSING Y/N
CLIENT 4'S NAME	CLIENT 4'S ADDRESS	W9 FORM YES
]
SUB-ACCOUNT NUMBER	DEPOSIT \$ AMOUNT WITHDRAWAL \$ AMOUNT	CLOSING Y/N
CLIENT 5'S NAME	CLIENT 5'S ADDRESS	W9 FORM YES
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SUB-ACCOUNT NUMBER	DEPOSIT \$ AMOUNT WITHDRAWAL \$ AMOUNT	CLOSING Y/N
		1