



# Attorney Trust CBT Transaction Setup Form

**ATTORNEY TRUST MASTER DISBURSEMENT CHECKING ACCOUNT NUMBER**

**ATTORNEY TRUST MASTER DISBURSEMENT CHECKING ACCOUNT TITLE**

The Internal Revenue Service requires 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-account. We must receive the IRS forms prior to opening the sub-account.

**Attorney Trust CBT Transaction Setup Forms received by the Bank after 3:00pm will be processed on the next business day following the day on which the form was received.**

**Please check if Wire Transfer or Official Check will be issued same day.**

**CLIENT 1'S NAME** **CLIENT 1'S ADDRESS** **W9 FORM YES**



**SUB ACCOUNT NICKNAME** **DEPOSIT \$ AMOUNT** **WITHDRAWAL \$ AMOUNT** **CLOSING Y/N**




**CLIENT 2'S NAME** **CLIENT 2'S ADDRESS** **W9 FORM YES**



**SUB ACCOUNT NICKNAME** **DEPOSIT \$ AMOUNT** **WITHDRAWAL \$ AMOUNT** **CLOSING Y/N**




**CLIENT 3'S NAME** **CLIENT 3'S ADDRESS** **W9 FORM YES**



**SUB ACCOUNT NICKNAME** **DEPOSIT \$ AMOUNT** **WITHDRAWAL \$ AMOUNT** **CLOSING Y/N**




**CLIENT 4'S NAME** **CLIENT 4'S ADDRESS** **W9 FORM YES**



**SUB ACCOUNT NICKNAME** **DEPOSIT \$ AMOUNT** **WITHDRAWAL \$ AMOUNT** **CLOSING Y/N**




**CLIENT 5'S NAME** **CLIENT 5'S ADDRESS** **W9 FORM YES**



**SUB ACCOUNT NICKNAME** **DEPOSIT \$ AMOUNT** **WITHDRAWAL \$ AMOUNT** **CLOSING Y/N**