

ONLY ONE COPY REQUIRED

**Client Account Manager
Sub Account Request Form**

Skylands Community Bank

Account Assignment	
Branch #	203
Officer #	
Cash Mgmt. Contact	

SECTION ONE – Master Account Information

Acct. Title	TOWNSHIP OF BYRAM	Account #	120011529
Address	10 MANSFIELD DRIVE	Phone #	973-347-6446
City, St, Zip	STANHOPE NJ 07874		

Check One:

<input checked="" type="checkbox"/> Principal/Escrow	
Sub Acct. Product #	
Group ID#	

OR

<input type="checkbox"/> Landlord/Tenant	
Sub Acct. Product #	
Building ID #	
Apt. #	
Lease Exp. Date	

SECTION TWO – Sub Account Information (to be completed by master account holder)

Name (Primary)		Taxpayer I.D. #	
Name (Secondary)		Taxpayer I.D. #	
Address			
City, St, Zip			

Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number or I am waiting for a number to be issued to me and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. Person (including a U.S. resident alien).

Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

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Signature (Primary Sub Account Holder)	Date
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SECTION THREE – Funds Direction (to be completed by master account holder)

<input type="checkbox"/> New Account	
You are hereby authorized and directed to deposit the sum of \$ _____ into Sub Acct. # _____.	
The Master Account holder hereby requests that Skylands Community Bank open a Sub Account linked to the above Master Account. The Sub Account shall be governed by the Master Account signature card and the Client Account Manager Additional Terms and Account Fee Schedule as amended from time to time.	
Master Account Holder Signature	Date

BANK USE ONLY

Sub Acct. #		Opening Date	
Opened By		Branch #	

JUST SIGN & DATE WHERE INDICATED BY *