



Nonprofit Organization Information

Business name: _____

Taxpayer ID / EIN: _____

Physical Address: _____

Mailing Address: check box if same as physical address

Primary Phone: _____

Secondary Phone: _____

Fax: _____

Nature of Organization: _____

NTEE Code: _____

Date Organization Started: _____

State / County of Organization: _____

Web address: _____

For Nonprofit Account opening, please provide:

501C

And any one of the following:

Bylaws

Board of Organization

Minutes from the last meeting