



STATE BANK OF COUNTRYSIDE

EXPRESS PAYOUT DIRECTION FORM

DATE: _____

DEPOSIT PAYOUT IN SBC BUSINESS CHECKING ACCOUNT

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

CONTACT PERSON IF THERE ARE ANY QUESTIONS REGARDING THE
ATTACHED WAIVER (S):

NAME: _____

ADDRESS: _____

PHONE #: _____

CELL PHONE #: _____

EXPRESS PAYOUT CHECKLIST

_____ Waiver has been fully completed

_____ Supplier's name and address is indicated on "grid" section of waiver

_____ Waiver has been notarized

_____ Approval for payout has been given by contractor

_____ Waiver has been signed on both top and bottom sections

_____ Express payout direction form is fully completed

_____ Original material waiver included, if required

_____ Current W-9 on file in payout department

FOR BANK USE ONLY

RECEIVED: DATE _____ TIME _____ BY _____

Countryside
6734 Joliet Road
Countryside, IL 60525
708-485-3100

Burbank
6053 W. 79th St.
Burbank, IL 60459
708-599-9860

Darien
7380 S. Route 83
Darien, IL 60561
630-655-3113

Orland Park
16250 S. LaGrange Rd.
Orland Park, IL 60467
708-873-1485

Chicago
3323 N. Clark St.
Chicago, IL 60657
773-755-2500

Homer Glen
15980 S. Parker Rd.
Homer Glen, IL 60491
708-301-5800

www.statebankofcountryside.com