

# BUSINESS ACCOUNT

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and Money laundering activities, Federal law requires all Financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

\_\_\_\_\_ CHECKING \_\_\_\_\_ NOW \_\_\_\_\_ MMIF \_\_\_\_\_ SAVINGS \_\_\_\_\_ C.D.

### BUSINESS TYPE

Term: \_\_\_\_\_  
Int. Pd. \_\_\_\_\_

\_\_\_\_\_ \* SOLE PROPRIETORSHIP (SPR-1)      \* ASSUME NAME CERTIFICATE REQUIRED  
\_\_\_\_\_ \* PARTNERSHIP (PR-1)  
\_\_\_\_\_ \*\*CORPORATION - FOR PROFIT (CA-1) \*\* CORPORATE RESOLUTION REQUIRED  
\_\_\_\_\_ \*\*CORPORATION - NON PROFIT (CA-1)  
\_\_\_\_\_ ASSOCIATION - FOR PROFIT  
\_\_\_\_\_ ASSOCIATION - NON PROFIT  
\_\_\_\_\_ LIMITED LIABILITY CO.

**SOURCE OF DEPOSIT**  
\_\_\_\_\_ CASH \_\_\_\_\_ CHECKS/DRAFT  
OPENING DEPOSIT: \$ \_\_\_\_\_

### BUSINESS DATA

BUSINESS NAME: \_\_\_\_\_  
\*BUSINESS PHYSICAL ADDRESS: \_\_\_\_\_ \*BUSINESS MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ TAX IDENTIFICATION NO.: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ PAGER #: \_\_\_\_\_  
STATE OF BUSINESS: \_\_\_\_\_ COUNTY OF BUSINESS: \_\_\_\_\_ RESOLUTION DATE: \_\_\_\_\_  
AUTHORIZATION DATE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
TYPE/NATURE OF BUSINESS: \_\_\_\_\_  
\*PREVIOUS ADDRESS IF LESS THEN 6 MONTHS AT CURRENT ADDRESS: \_\_\_\_\_

#### AUTHORIZED AGENT

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\*\*\*\*\* 2 FORMS OF IDENTIFICATION REQUIRED FOR EACH AUTHORIZED SIGNER WHEN OPENING ACCOUNT\*\*\*\*\*

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
\*PHYSICAL ADDRESS: \_\_\_\_\_  
\*MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_  
DRIVER'S LICENSE: \_\_\_\_\_  
STATE OF DRIVER'S LICENSE: \_\_\_\_\_  
LICENSE EXPIRATION DATE: \_\_\_\_\_  
PLACE OF BIRTH: \_\_\_\_\_  
MOTHER'S MAIDEN NAME: \_\_\_\_\_  
ARE YOU A POLITICALLY EXPOSED PERSON? Y or N

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
\*PHYSICAL ADDRESS: \_\_\_\_\_  
\*MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_  
DRIVER'S LICENSE: \_\_\_\_\_  
STATE OF DRIVER'S LICENSE: \_\_\_\_\_  
LICENSE EXPIRATION DATE: \_\_\_\_\_  
PLACE OF BIRTH: \_\_\_\_\_  
MOTHER'S MAIDEN NAME: \_\_\_\_\_  
ARE YOU A POLITICALLY EXPOSED PERSON? Y or N

Do you/will you cash checks for \$1,000 or more per day per person? Y or N

Do you/will you perform wire transfer services? Y or N

Do you/will you sell money orders? Y or N

Types of deposits/withdrawals typically made? Cash, Checks, Electronic, Wire Transfers(domestic or foreign), Other (more than one may be listed), if Other, specify: \_\_\_\_\_

I certify that this Business does not engage or participate in any restricted transactions involving Internet Gambling.

\_\_\_\_\_ (Please Initial)

The information I have provided is correct to the best of my knowledge. I authorize this financial institution to check credit and/or employment history should it be deemed necessary.

X \_\_\_\_\_  
(Signature of authorized signer/owner/partner)

Date \_\_\_\_\_

#### BANK USE:

SEARCHED OFAC: \_\_\_\_\_ NONE FOUND \_\_\_\_\_ FOUND

SEARCHED CHEXSYSTEMS \_\_\_\_\_