

IDENTIFICATION INFORMATION - BUSINESS

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.

Legal Business Name:	EIN/Tax ID Number:
Business Physical Address:	EIN/Tax ID Number (DBA):
Business Mailing Address: <small>(if applicable - P.O. box acceptable)</small>	Business Phone:
Business Website/Email:	Existing Client/Referred By:
Registered State:	Date Incorporated/Organized:

Business Type:	Sole Proprietor <input type="checkbox"/>	General Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Limited Liability Partnership (LLP) <input type="checkbox"/>
	Limited Liability Co <input type="checkbox"/>	Non-Profit Organization <input type="checkbox"/>	Foreign Business <input type="checkbox"/>	Formal Trust <input type="checkbox"/>
Account Type:	Business Checking <input type="checkbox"/>	Bus Money Market <input type="checkbox"/>	Bus Savings <input type="checkbox"/>	Bus Time Certificate <input type="checkbox"/>
	Business CD (Pledged) <input type="checkbox"/>	Loan <input type="checkbox"/>	Other: (specify) <input type="checkbox"/>	
Nature of Business:	Service Provider <input type="checkbox"/>	Retail <input type="checkbox"/>	Wholesale <input type="checkbox"/>	Manufacturing <input type="checkbox"/>
	Real Estate <input type="checkbox"/>	City/County/Government <input type="checkbox"/>	Investments <input type="checkbox"/>	Other: (specify) <input type="checkbox"/>

Notes/Comments:

CIF Number:	Account Number:	AML Code:	NAICS Code:	Relationship Officer:

INFORMATION FOR SIGNER 1			INFORMATION FOR SIGNER 2		
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Full Legal Name:		
Ownership:	Owner <input type="checkbox"/>	Signer <input type="checkbox"/>
	Trustee <input type="checkbox"/>	Power of Attorney <input type="checkbox"/>
Tax ID Number:		
Date of Birth:		
Place of Birth:		

Primary Identification:	Driver's License <input type="checkbox"/>	State ID <input type="checkbox"/>	U.S. Pass <input type="checkbox"/>	Driver's License <input type="checkbox"/>	State ID <input type="checkbox"/>	U.S. Pass <input type="checkbox"/>
	U.S. Military ID <input type="checkbox"/>	Other: <input type="checkbox"/> _____		U.S. Military ID <input type="checkbox"/>	Other: <input type="checkbox"/> _____	
	ID#			ID#		
	Issued By:			Issued By:		
	Issued Date:			Issued Date:		

Secondary Identification:	Issued By:			Issued By:		
	Expiration Date:			Expiration Date:		

Physical Address <i>(No P.O. Box)</i>	
City/State/Zip:	
Mailing Address <i>(If Applicable):</i>	
City/State/Zip:	
Home Phone:	
Cell Phone:	
Work Phone:	
E-mail Address:	
Occupation:	
Employer:	
Mother's Maiden Name:	

BANK USE ONLY		
Completed By (initials and date):	Identification Verified By (initials and date):	OFAC Verified By (initials and date):

EXPECTED ACCOUNT ACTIVITY

Business Name	Account Number	CIF	AML	Date			
Products & Sevicess: (check all that apply)							
ATM/Debit <input type="checkbox"/>	ACH <input type="checkbox"/>	Wires <input type="checkbox"/>	Online Banking <input type="checkbox"/>	Remote Deposit Capture <input type="checkbox"/>			
Merchant Services <input type="checkbox"/>	Loan Secured by Cash/Marketable <input type="checkbox"/>	Cash Management <input type="checkbox"/>	Other: <input type="checkbox"/> _____				
Purpose of account:(check all that apply)							
Accounts Receivable <input type="checkbox"/>	Accounts Payable <input type="checkbox"/>	Payroll Account <input type="checkbox"/>	Operating Account <input type="checkbox"/>				
Household Account <input type="checkbox"/>	Investment Account <input type="checkbox"/>	Savings Account <input type="checkbox"/>	Other: <input type="checkbox"/> _____				
Account's anticipated source of deposits: (check all that apply)							
Payroll/Employment <input type="checkbox"/>	Social Security <input type="checkbox"/>	Annuity Income <input type="checkbox"/>	Product Sales <input type="checkbox"/>				
Services Provided <input type="checkbox"/>	Investments <input type="checkbox"/>	Other: <input type="checkbox"/> _____					
Name of Vendors/Service Providers:(conducting business)							
Market Area Served: (Consumers, Government, Retail, Wholesale)							
Is this a Non-Profit Org./Charitable Foundation? (If yes, complete the Non-Government Org.& Charities Form)			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Is this a Money Service Business (MSB)? (If yes, STOP, account cannot be opened)			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Is this a Third Party Payment Processor (TPPP) business? (If yes, STOP, account cannot be opened)			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Is this an ACH Origination business client?			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Does this business engaged in Internet Gambling? (If yes, STOP, account cannot be opened)			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Is offshore/international activity expected other than wires?			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If yes, Explain:							
Does the business have an ATM on the premises?			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Does the business own the ATM machine? (If yes, complete Privately Owned ATM Machine Iinformation form)			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Insurance Company/Agents: Sells permanent life insurance other than group?			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Sells Annuity contracts other than group?			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Sells insurance product with Cash Value or Investment?			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Account's anticipated outsourcing of funds deposited:							
Bills/Business Expenses <input type="checkbox"/>	Payroll <input type="checkbox"/>	Transfers <input type="checkbox"/>	Vendor Payments <input type="checkbox"/>	Other: <input type="checkbox"/> _____			
Anticipated Monthly Transaction Activity							
Total-Deposits:	<\$10K <input type="checkbox"/>	\$10K-\$50K <input type="checkbox"/>	\$50K-\$100K <input type="checkbox"/>	>\$100K <input type="checkbox"/>	None Expected <input type="checkbox"/>	Avg. \$	
						Avg. #	
Total-Withdrawals:	<\$10K <input type="checkbox"/>	\$10K-\$50K <input type="checkbox"/>	\$50K-\$100K <input type="checkbox"/>	>\$100K <input type="checkbox"/>	None Expected <input type="checkbox"/>	Avg. \$	
						Avg. #	
Cash Deposits:	<\$10K <input type="checkbox"/>	\$10K-\$50K <input type="checkbox"/>	\$50K-\$100K <input type="checkbox"/>	>\$100K <input type="checkbox"/>	None Expected <input type="checkbox"/>	Avg. \$	
						Avg. #	
Cash Withdrawals:	<\$10K <input type="checkbox"/>	\$10K-\$50K <input type="checkbox"/>	\$50K-\$100K <input type="checkbox"/>	>\$100K <input type="checkbox"/>	None Expected <input type="checkbox"/>	Avg. \$	
						Avg. #	
Check Deposits:	<\$10K <input type="checkbox"/>	\$10K-\$50K <input type="checkbox"/>	\$50K-\$100K <input type="checkbox"/>	>\$100K <input type="checkbox"/>	None Expected <input type="checkbox"/>	Avg. \$	
						Avg. #	
Check Withdrawals:	<\$10K <input type="checkbox"/>	\$10K-\$50K <input type="checkbox"/>	\$50K-\$100K <input type="checkbox"/>	>\$100K <input type="checkbox"/>	None Expected <input type="checkbox"/>	Avg. \$	
						Avg. #	
ACH Credits:	<\$10K <input type="checkbox"/>	\$10K-\$50K <input type="checkbox"/>	\$50K-\$100K <input type="checkbox"/>	>\$100K <input type="checkbox"/>	None Expected <input type="checkbox"/>	Avg. \$	
						Avg. #	
ACH Debits:	<\$10K <input type="checkbox"/>	\$10K-\$50K <input type="checkbox"/>	\$50K-\$100K <input type="checkbox"/>	>\$100K <input type="checkbox"/>	None Expected <input type="checkbox"/>	Avg. \$	
						Avg. #	
Domestic Wires: Outgoing	<\$10K <input type="checkbox"/>	\$10K-\$50K <input type="checkbox"/>	\$50K-\$100K <input type="checkbox"/>	>\$100K <input type="checkbox"/>	None Expected <input type="checkbox"/>	Avg. \$	
						Avg. #	
Domestic Wires: Incoming	<\$10K <input type="checkbox"/>	\$10K-\$50K <input type="checkbox"/>	\$50K-\$100K <input type="checkbox"/>	>\$100K <input type="checkbox"/>	None Expected <input type="checkbox"/>	Avg. \$	
						Avg. #	
Foreign Wires: Outgoing	<\$10K <input type="checkbox"/>	\$10K-\$50K <input type="checkbox"/>	\$50K-\$100K <input type="checkbox"/>	>\$100K <input type="checkbox"/>	None Expected <input type="checkbox"/>	Avg. \$	
						Avg. #	
Foreign Wires: Incoming	<\$10K <input type="checkbox"/>	\$10K-\$50K <input type="checkbox"/>	\$50K-\$100K <input type="checkbox"/>	>\$100K <input type="checkbox"/>	None Expected <input type="checkbox"/>	Avg. \$	
						Avg. #	
<i>If foreign, list countries:</i>							
Monetary Instrument Activity:	<\$10K <input type="checkbox"/>	\$10K-\$50K <input type="checkbox"/>	\$50K-\$100K <input type="checkbox"/>	>\$100K <input type="checkbox"/>	None Expected <input type="checkbox"/>	Avg. \$	
						Avg. \$	
BANK USE:	Data Input By (name):		CIF Call Back Performed By (name):		Officer Approval (signature):		