



**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm this information. This information is protected by our privacy policy and federal law.

**BUSINESS APPLICANT INFORMATION**

**Business Name**

**Physical Address**

**City, State, ZIP**

**Mailing Address (if different)**

**City, State, ZIP**

**EIN**

**Email**

**Business Phone**

**Cell Phone**

**Type of Business**

- |  |  |
|--|--|
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Corporation               | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Nonprofit Corporation     | <input type="checkbox"/> Club/Organization   |
| <input type="checkbox"/> General Partnership       | <input type="checkbox"/> Business Trust      |

**ACCOUNT PURPOSE/SOURCE OF FUNDS/ACTIVITY**

As a full service community bank, we are committed to providing our customers with financial products and services that meet their complete financial needs. To assist us with determining whether the products and services you have selected are appropriate, please provide the following information:

**Business Purpose:**

1. Do you have an ATM on site? Yes No If yes, are you responsible for replenishing the ATM? Yes No
2. Does your company cash checks at your business? Yes No If yes, amount per year?\_\_\_\_\_
3. Send ACH/automatic payments? Yes No If yes: Domestic (US) Foreign Both
4. Send/Receive wire transfers? Yes No If yes: Domestic (US) Foreign Both

I certify that everything I have stated in this application and on any attachment is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request or if my financial condition changes.

**Applicant's Signature:**

**Date:**

**Other Signature (if applicable):**

**Date:**

**THIS SECTION FOR INTERNAL USE**  
**IDENTIFICATION VERIFICATION METHODS**

*Documentary (check type of ID obtained)*

**Employee Name:**

**Primary Documentation**

- EIN #
- Certificate of Good Standing
- Articles of Incorporation or Organization
- OFAC in Sparak
- Operating Agreement
- Corporate Resolution
- Certificate of Existence and Authority