



For Office Use Only	
Opened By:	Account Number:
Place Bar Code Here	

BUSINESS ACCOUNT APPLICATION

As required by the USA Patriot Act, Important Information about 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 you for your name, address, date of birth, tax id number, beneficial owners, control person, and other information that will allow us to identify the signers and legal entity. We may also ask to see your driver's license or other identifying documents.

1.) Please choose the types of accounts you are interested in below:

Business:

Checking: ___ Basic ___ Plus ___ Premium ___ Sole Proprietor (DBA)
Other: ___ Money Market ___ Savings ___ CD ___ Other (Describe) _____

2.) BUSINESS ACCOUNT INFORMATION

Legal Business Name	Type of Entity	Tax ID No
Business Address (Street Address)	Mailing Address (if different)	
City, State, Zip Code	City, State, Zip Code	
Phone Number	Years in Business	Business Web Site Address
State & Date of Organization	Initial Deposit Amount \$	Source of Funds for Opening Account
Nature of Business/Types of Goods or Services Sold		Control Person
Beneficial Owners (≥ 25%)		
List each of your owned business locations below		For Office Use Only- Industry Code

3.) Are you Interested in the following Services:

___ Debit Card ___ Online Banking ___ Business Bill Pay ___ ACH Services
___ Merchant Services ___ Credit Card ___ Remote Deposit Capture Service

4.) Are you interested in purchasing checks for this account? _____

5.) Describe your USA market area and customer base. Check all that apply.

___ Local County Residents ___ Local Statewide Residents ___ Multi-State Area Residents ___ US Citizens ___ International Customers

If you have international customers, please describe your primary target market? _____

6.) Do you/will you perform the following services for customers?

Check Cashing [] Yes [] No Issue Traveler's Checks [] Yes [] No
Currency Dealer [] Yes [] No Issue Money Orders [] Yes [] No
Currency Exchange [] Yes [] No Issue Stored Valued Cards [] Yes [] No
Wire Transfer Services [] Yes [] No Money Transmitter [] Yes [] No

7.) Do you/will you own or operate private ATM(s)? If so, please list the locations of the ATM(s) below.

8.) Please estimate monthly volume for all accounts, please ensure percentages total 100%.

Total Deposits: \$ _____	Total Withdrawals: \$ _____
_____ % cash	_____ % cash
_____ % checks	_____ % checks
_____ % currency exchange	_____ % currency exchange
_____ % ACH, Debit Card, Check Conversion	_____ % ACH, Debit Card
_____ % sell official checks, money orders, etc.	_____ % purchase official checks, money orders, etc.
_____ % domestic wire transfers	_____ % domestic wire transfers
_____ % foreign wire transfers	_____ % foreign wire transfers
100%	100%

9.) Will you engage in an Internet Gambling Business? [] Yes [] No

10.) Do you/will you engage in the cultivation, production or distribution of marijuana or marijuana-related products? [] Yes [] No

11.) Is this business cash intensive or are you a money service business (offering check cashing; foreign currency exchange services; or selling money orders, travelers' checks or pre-paid access products; for an amount greater than \$1,000 per person, per day, in one or more transactions.?) [] Yes [] No

If yes to the above questions #9-11, speak with CSR about additional documentation required to complete your application.

12. Is this business a Professional Service Provider (Include lawyers, accountants, investment brokers, and other third parties that act as financial liaisons for their clients.) [] Yes [] No

13. Is this business a Non-Governmental Organization or Charity (Non-governmental Organizations are a non-profit group formed by the citizens organized locally, nationally or internationally.?) [] Yes [] No

Signatures are required on the next page. Please complete the additional account holder form if needed.

Business Account Name _____

14.) AUTHORIZED INDIVIDUAL INFORMATION

Name (First, MI, Last)			
Individual Address (Street Address)		Mailing Address (if different)	
City, State, Zip Code		City, State, Zip Code	
Home Phone	Work Phone	Cell Phone	Email Address
Social Security/Tax ID Number	Date of Birth (MM/DD/YYYY)		Mother's Maiden Name
Driver's License, State Id, or Passport Number	Issued By	Issue Date	Expiration Date
			Please circle one of the following: US Citizen Permanent Resident Alien Non-Permanent Resident Alien
Employer's Name			For Office Use Only- Industry Code
Occupation (If retired or disabled, list previous occupation. If you are a homemaker, list your last occupation outside of the home.)			

15.) AUTHORIZED INDIVIDUAL INFORMATION

Name (First, MI, Last)			
Individual Address (Street Address)		Mailing Address (if different)	
City, State, Zip Code		City, State, Zip Code	
Home Phone	Work Phone	Cell Phone	Email Address
Social Security/Tax ID Number	Date of Birth (MM/DD/YYYY)		Mother's Maiden Name
Driver's License, State Id, or Passport Number	Issued By	Issue Date	Expiration Date
			Please circle one of the following: US Citizen Permanent Resident Alien Non-Permanent Resident Alien
Employer's Name			For Office Use Only- Industry Code
Occupation (If retired or disabled, list previous occupation. If you are a homemaker, list your last occupation outside of the home.)			

16.) AUTHORIZED INDIVIDUAL INFORMATION

Name (First, MI, Last)			
Individual Address (Street Address)		Mailing Address (if different)	
City, State, Zip Code		City, State, Zip Code	
Home Phone	Work Phone	Cell Phone	Email Address
Social Security/Tax ID Number	Date of Birth (MM/DD/YYYY)		Mother's Maiden Name
Driver's License, State Id, or Passport Number	Issued By	Issue Date	Expiration Date
			Please circle one of the following: US Citizen Permanent Resident Alien Non-Permanent Resident Alien
Employer's Name			For Office Use Only- Industry Code
Occupation (If retired or disabled, list previous occupation. If you are a homemaker, list your last occupation outside of the home.)			

17.) AUTHORIZED INDIVIDUAL INFORMATION

Name (First, MI, Last)			
Individual Address (Street Address)		Mailing Address (if different)	
City, State, Zip Code		City, State, Zip Code	
Home Phone	Work Phone	Cell Phone	Email Address
Social Security/Tax ID Number	Date of Birth (MM/DD/YYYY)		Mother's Maiden Name
Driver's License, State Id, or Passport Number	Issued By	Issue Date	Expiration Date
			Please circle one of the following: US Citizen Permanent Resident Alien Non-Permanent Resident Alien
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Occupation (If retired or disabled, list previous occupation. If you are a homemaker, list your last occupation outside of the home.)			

I understand that under the USA Patriot Act, this financial institution is obligated to verify the identity of each customer opening a new account, or each new owner being added to a deposit account, and I understand and agree that if the institution is not able to verify the identity of all of the owners of this account within a reasonable time, it may, at any time, in its sole discretion, without providing notice, close the account. I certify that I am aware that restricted internet gambling transactions are prohibited from being processed through the account or relationship. The information I have provided is correct to the best of my knowledge. I authorize Today's Bank to check credit and/or employment history should it deem necessary. Verification of all account information is provided by a third party.

18.) SIGNATURE(S) REQUIRED

AUTHORIZED SIGNATURE	PRINT NAME	TITLE	DATE
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