



TODAY'S BANK

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

### BUSINESS/TRUST 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, and other information that will allow us to identify you. We may also ask to see your drivers license or other indentifying documents.

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

**Business:**

_____ Business Checking	_____ Money Market	_____ Sole Prop (DBA) NOW Checking
_____ Business Savings	_____ CD	_____ Club Acct-Christmas/Vacation

**Trust:**

_____ CD	_____ Money Market	_____ NOW Checking
_____ Regular Checking	_____ Freedom Checking	_____ Club Acct-Christmas/Vacation
_____ Savings		

#### 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	Fax Number	Business Web Site Address	
Type of Account	Initial Deposit Amount \$	Source of Funds for Opening Account	
Nature of Business/Types of Goods or Services Sold		Years in Business	State & Date of Organization
List each of your owned business locations below			<i>For Office Use Only- Industry Code</i>

#### 3.) Are you Interested in the following Services:

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

#### 4.) Are you interested in purchasing checks for this account? \_\_\_\_\_

#### 5.) Descibe 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 International customers, please describe your primary target market? \_\_\_\_\_

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

Check Cashing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Issue Traveler's checks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currency Dealer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Issue Money Orders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currency Exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No	Issue Stored Valued Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wire Transfer Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Money Transmitter	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

**Signatures are required on the next page. Please complete the additional accountholder form if needed.**

Business Account Name \_\_\_\_\_

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

<b>Total Deposits: \$ _____</b> _____ % cash _____ % checks _____ % currency exchange _____ % ACH, Debit Card, Check Conversion _____ % sell of official checks, money orders, etc. _____ % domestic wire transfers _____ % foreign wire transfers 100%	<b>Total Withdrawals: \$ _____</b> _____ % cash _____ % checks _____ % currency exchange _____ % ACH, Debit Card _____ % purchase of official checks, money orders, etc. _____ % domestic wire transfers _____ % foreign wire transfers 100%
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**9.) Will you engage in an Internet Gambling Business?**  Yes  No If yes, please provide documentation

**10.) AUTHORIZED INDIVIDUAL INFORMATION**

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

**11.) AUTHORIZED INDIVIDUAL INFORMATION**

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

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 Chexsystems.

**12.) SIGNATURE(S) REQUIRED**

<b>AUTHORIZED SIGNATURE</b>	<b>PRINT NAME</b>	<b>TITLE</b>	<b>DATE</b>
<b>AUTHORIZED SIGNATURE</b>	<b>PRINT NAME</b>	<b>TITLE</b>	<b>DATE</b>

### Additional Authorized Signer 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, and other information that will allow us to identify you. We may also ask to see your drivers license or other indentifying documents.

Business Account Name \_\_\_\_\_ Account Type \_\_\_\_\_ Account # \_\_\_\_\_

**10.) AUTHORIZED INDIVIDUAL INFORMATION**

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

**11.) AUTHORIZED INDIVIDUAL INFORMATION**

<b>Name (First, MI, Last)</b>			
<b>Individual Address (Street Address)</b>		<b>Mailing Address (if different)</b>	
<b>City, State, Zip Code</b>		<b>City, State, Zip Code</b>	
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	<b>Email Address</b>
<b>Social Security/Tax ID Number</b>		<b>Date of Birth (MM/DD/YYYY)</b>	<b>Mother's Maiden Name</b>
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**12.) SIGNATURE(S) REQUIRED**

AUTHORIZED SIGNATURE	PRINT NAME	TITLE	DATE