

## **NEW BUSINESS & CONTACT INFORMATION**

| Contact Name                                                                               |                    |                   | Phone              | □ home            | □ work □     | l mobile |  |
|--------------------------------------------------------------------------------------------|--------------------|-------------------|--------------------|-------------------|--------------|----------|--|
| Relationship to Business                                                                   |                    |                   |                    |                   |              |          |  |
| Business Name / DBA                                                                        |                    |                   | Business Ph        | none              |              |          |  |
| Street Address                                                                             |                    |                   | Website            |                   |              |          |  |
| City                                                                                       |                    |                   |                    |                   |              |          |  |
| Legal Entity Type                                                                          |                    |                   |                    |                   |              |          |  |
| A copy of the Articles of Incorpor<br>Minutes is required.                                 | ation (or Organiza | tion), Partnershi | p Agreement, Corpo | prate Resolution, | and Meetir   | ıg       |  |
| All partners and members must s<br>Corporate Secretary must sign th<br>the account or not. |                    |                   |                    |                   |              | ner on   |  |
| If business is a Corporation, LLC<br>copy of a valid state issued ID ar                    |                    |                   |                    | y own 25% or mo   | re of this e | ntity. A |  |
| Name                                                                                       |                    |                   |                    | Ownership %       | ,<br>0       |          |  |
|                                                                                            |                    |                   |                    |                   | _            |          |  |
|                                                                                            |                    |                   |                    |                   | _            |          |  |
|                                                                                            |                    |                   |                    |                   | _            |          |  |
| NAICS (if known) F                                                                         | Purpose of Accoun  | t                 | Geogra             | ohical Area Serve | ed           |          |  |
| Products Sold                                                                              |                    | and / or Service  | s Provided         |                   |              |          |  |
|                                                                                            | BUSINES            | S TRANSACT        |                    |                   |              |          |  |
| Receive ACH Payments?                                                                      | □ Yes              | □ No              | ACH Originatio     | n?                | □ Yes        | 🗆 No     |  |
| Wire Transfers?<br>Wire agreement is required                                              | □ Yes              | 🗆 No              | Require Cash ⊺     | Fransactions?     | □ Yes        | □ No     |  |

L

| Domestic |
|----------|
|----------|

| Domestic |            |           | De   |
|----------|------------|-----------|------|
| Incoming | \$ / month | # / month | #/   |
| Outgoing | \$ / month | # / month | \$ / |
| Foreign  |            |           | Cł   |
| Incoming | \$ / month | # / month | #/   |
|          |            |           |      |

\$ / month \_\_\_\_\_ # / month \_\_\_\_\_

| Deposits            | Cash Deposits              |
|---------------------|----------------------------|
| # / month           | # / month                  |
| \$ / month          | \$ / month                 |
|                     |                            |
| Checks              | Cash Withdrawals           |
| Checks<br># / month | Cash Withdrawals # / month |

2023.06.29 JZ

Outgoing

| DOES YOUR BUSINES                                                                               |            |           | ACTIVITIES LISTED BELOW?          |       |  |
|-------------------------------------------------------------------------------------------------|------------|-----------|-----------------------------------|-------|--|
| Check Cashing Services?                                                                         | □ Yes      | □ No      | Monthly \$ and Max Daily Amount?  |       |  |
| Issue Money Orders or Traveler's Checks?                                                        |            | □ No      | Monthly \$ and Max Daily Amount?  |       |  |
| Does the business have Video Gaming? □                                                          |            | □ No      | Video License Expiration Date     |       |  |
| ADDITIONAL                                                                                      | BANKING    | SERVIC    | CES FOR BUSINESS                  |       |  |
| Business eBanking? □ Yes □ No                                                                   |            |           | Merchant Services?                |       |  |
|                                                                                                 | AUTHORIZ   | ZED SIGN  | NER #1                            |       |  |
| Required for EVERY Autho                                                                        | rized Sign | er AND a  | a Copy of a VALID State Issued ID |       |  |
| Name                                                                                            |            |           | Phone 		 home 		 work 		 me       | obile |  |
| Street Address                                                                                  |            |           | Email                             |       |  |
| City State 2                                                                                    | <u>Zip</u> |           | Date of Birth                     |       |  |
| SS#                                                                                             |            |           | Mother's Maiden Name              |       |  |
| Occupation                                                                                      |            |           | Employer                          |       |  |
| Retired? □ Yes □ No (If yes, please list                                                        | occupation | and emplo | loyer below)                      |       |  |
| Country of Citizenship                                                                          |            |           | Politically Exposed 🛛 Yes 🗆 No    |       |  |
| Relationship / Title to Business(i.e. President, Vice President, Secretary, Treasurer, Partner) |            |           | State Issued ID #                 |       |  |
|                                                                                                 |            |           | estions to Establish a Keyword    |       |  |
| Allswer ONLY ONE OF                                                                             | ne ronowi  | ng Ques   |                                   |       |  |
| 1. What grammar school did you graduate from                                                    | om?        |           |                                   |       |  |
| 2. What was your first pet's name?                                                              |            |           |                                   |       |  |
| 3. What city were you born in?                                                                  |            |           |                                   |       |  |
| 4. What is your father's middle name?                                                           |            |           |                                   |       |  |
| 5. What is your mother's middle name?                                                           |            |           |                                   |       |  |
| 6. What was the make of your first car?                                                         |            |           |                                   |       |  |
| 7. What is the name of your first employer?                                                     |            |           |                                   |       |  |

8. What city was your grammar school located in?

## **AUTHORIZED SIGNER #2**

| Required for EVER                       | RY Authorized Sign       | er AND a Copy of a VALID   | State Issued ID                       |
|-----------------------------------------|--------------------------|----------------------------|---------------------------------------|
| Name                                    |                          | Phone                      | 🗆 home 🛛 work 🗆 mobile                |
| Street Address                          |                          |                            |                                       |
| City State _                            | Zip                      | Date of Birth              |                                       |
| SS#                                     |                          | Mother's Maiden Nar        | me                                    |
| Occupation                              |                          | Employer                   |                                       |
| Retired?                                | please list occupation a | and employer below)        |                                       |
| Country of Citizenship                  |                          | Politically Exposed        | □ Yes □ No                            |
| Relationship / Title to Business        |                          | State Issued ID #          |                                       |
| Answer ONLY                             | ONE of the Followi       | ing Questions to Establish | a Keyword                             |
| 1. What grammar school did you g        | raduate from?            |                            |                                       |
| 2. What was your first pet's name?      |                          |                            |                                       |
| 3. What city were you born in?          |                          |                            |                                       |
| 4. What is your father's middle name?   |                          |                            |                                       |
| 5. What is your mother's middle name?   |                          |                            | · · · · · · · · · · · · · · · · · · · |
| 6. What was the make of your first car? |                          |                            | ·····                                 |
| 7. What is the name of your first en    | nployer?                 |                            |                                       |
| 8. What city was your grammar sch       | nool located in?         |                            |                                       |

## **AUTHORIZED SIGNER #3**

| Required for EVERY Author                                                                         | ized Signer AND a Copy of a VALID State Issued ID |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Name                                                                                              | Phone Dome Dome work Dombile                      |
| Street Address                                                                                    |                                                   |
| City State Zi                                                                                     | p Date of Birth                                   |
| SS#                                                                                               | Mother's Maiden Name                              |
| Occupation                                                                                        | Employer                                          |
| Retired?                                                                                          | occupation and employer below)                    |
| Country of Citizenship                                                                            | Politically Exposed                               |
| Relationship / Title to Business<br>(i.e. President, Vice President, Secretary, Treasurer, Partne | state Issued ID #                                 |
| Answer ONLY ONE of th                                                                             | ne Following Questions to Establish a Keyword     |
| 1. What grammar school did you graduate fror                                                      | n?                                                |
| 2. What was your first pet's name?                                                                |                                                   |
| 3. What city were you born in?                                                                    |                                                   |
| 4. What is your father's middle name?                                                             |                                                   |
| 5. What is your mother's middle name?                                                             |                                                   |
| 6. What was the make of your first car?                                                           |                                                   |
| 7. What is the name of your first employer?                                                       |                                                   |
| 8. What city was your grammar school located                                                      | in?                                               |