



Business Deposit Account Information

Initial Deposit \$ _____	Account # _____
Type of Funds _____	Chex System _____
Service being applied for: IOLTA=J <input type="checkbox"/> IRETA=K <input type="checkbox"/>	Checking Plan: <input type="checkbox"/> IB <input type="checkbox"/> IC <input type="checkbox"/> PB <input type="checkbox"/> ID <input type="checkbox"/> IE <input type="checkbox"/> E
Saving Plan: <input type="checkbox"/> SB <input type="checkbox"/> SC <input type="checkbox"/> SM	Date _____ Initials _____

The section above is to be completed by the banker.

Company Name _____	Federal Tax ID# _____
Street Address _____	Office Phone _____
City _____	Cell Phone _____
State _____	Zip _____
Web Site _____	
Business Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Sub S. <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Nonprofit <input type="checkbox"/> PLLC <input type="checkbox"/> PLLP <input type="checkbox"/> PA	
Type of Business _____	Number of Employees _____
County and State of Organization _____	Asset Size _____
Authorization Date _____	NAICS Code _____

Authorizing Signers

Name _____	Date of Birth _____	Driver's License or ID# _____
Address _____	Title _____	Social Security # _____
City _____	State _____	Zip _____
H. Phone _____	W. Phone _____	Cell _____
		Mothers Maiden Name _____

Name _____	Date of Birth _____	Driver's License or ID# _____
Address _____	Title _____	Social Security # _____
City _____	State _____	Zip _____
H. Phone _____	W. Phone _____	Cell _____
		Mothers Maiden Name _____

Name _____	Date of Birth _____	Driver's License or ID# _____
Address _____	Title _____	Social Security # _____
City _____	State _____	Zip _____
H. Phone _____	W. Phone _____	Cell _____
		Mothers Maiden Name _____

Have you had a transaction account at this or another financial intermediary within 12 months before making this application?
 Yes No Name of Institution _____

Have you had a transaction account closed by a financial institution without your consent within 12 months of making this application?
 Yes No Reason _____

Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months of making this application?
 Yes No

1. What is the primary purpose of your account?
2. Will your business make wire transfers? Yes No If yes: Domestic International Both
3. Does your business cash checks or give cash back on checks, travelers' checks or gift cards? Yes No *If no skip to question 4.*
 - a. Is the total amount of cash back more than \$25,000 per month? Yes No
 - b. Would you ever give a customer back more than \$1,000 in cash in one day? Yes No
 - c. Do you charge a fee for this service? Yes No
4. Does your business offer/sell money transfer or money telegram services? Yes No
5. Does your business sell money orders or travelers' checks, exchange currency, or sell gift cards that can be used to get cash? Yes No

I/We authorize Bank to do a credit check on the business entity or any authorized signer and that everything I have stated in this application is correct to the best of my knowledge.

1) Authorized Signer _____	Title _____	Date _____
2) Authorized Signer _____	Title _____	Date _____
3) Authorized Signer _____	Title _____	Date _____



Account Document Checklist

	Required	Present	Received by Customer Service
Signature Card			
Copy of Photo ID Card			
<i>Sole Proprietorships</i>			
Certificate of Assumed Name			
<i>Business Corporations & Non-Profit Organizations</i>			
Certified copy of Articles of Incorporation/Bylaws			
Certificate of Assumed Name			
Incumbency Certificate/Certificate of Authority			
Corporate Resolution			
Certificate of Good Standing or Certificate of Incorporation			
<i>Limited Liability Company</i>			
Certificate of Organization			
Member Control Agreement			
Board of Governors Resolution			
Limited Liability Resolution			
Articles of Organization			
Action by the Governors			
Certificate of Assumed Name			
<i>Partnerships</i>			
Certificate of Assumed Name			
Partnership Agreement			
Partnership Resolution			
Certificate of Limited Partnership			
Certificate of Good Standing			
<i>Unincorporated Associations</i>			
Certificate of Good Standing			
Minutes containing list of authorized signers			
<i>Miscellaneous Documents</i>			
Power of Attorney			
Evidence of Name Change			
Death Certificate			