



# New Business/Entity Application

**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 more than one form of identification to fulfill this requirement. In some instances we may use outside sources to confirm this information. The information you provide is protected by our privacy policy and federal law.

## Business/Entity Information - Required

**Business/Entity Name** \_\_\_\_\_

**DBA Name, if applicable** \_\_\_\_\_

**Physical Address** \_\_\_\_\_  
Address City State ZIP Code +4  
please note, physical address is required to open account

**Mailing Address** \_\_\_\_\_  
Address City State ZIP Code +4

**EIN/Taxpayer ID** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Nature of Business** \_\_\_\_\_

**Is this a Marijuana-Related Business?** Yes No \_\_\_\_\_

**Website Address** \_\_\_\_\_ **Email Address** \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Corporation                   | <input type="checkbox"/> Estate                   | <input type="checkbox"/> State/Public Funds |
| <input type="checkbox"/> Partnership                   | <input type="checkbox"/> Revocable Trust          | <input type="checkbox"/> Government Funds   |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Irrevocable Trust        | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Organization/Association |   |

## Account Activity - Required for Deposit Accounts only

**Type of activity to be conducted through the account - check all that apply:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Cash                      | <input type="checkbox"/> Checks                 | <input type="checkbox"/> Electronic Items      |
| <input type="checkbox"/> Purchase Cashier's Checks | <input type="checkbox"/> Domestic Wire Transfer | <input type="checkbox"/> Foreign Wire Transfer |

## Business Purpose Information - Required

**Does your business offer check cashing, money orders, traveler's checks, currency exchange, or pre-paid access products (formerly stored value cards)?** If so, it is a Money Service Business and is subject to Bank Secrecy Act reporting and recordkeeping requirements, and must register with the Department of the Treasury.

**Now or in the future, does your business plan to do any of the following?:**

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>Cash checks for your customers</b> in an amount greater than \$1000, in currency or monetary or other instruments, for any person on any day in one or more transactions?   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>Exchange currency for your customers</b> in an amount greater than \$1000, in currency or monetary or other instruments, for any person on any day in one or more transactions?   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>Issue, sell or redeem traveler's checks, money orders or pre-paid access products for your customers</b> in an amount greater than \$1000, in currency, monetary or other instruments, to or from any person on any day in one or more transactions?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>Transmit currency for your customers</b> , or funds denominated in currency, by any means through a financial agency or institution, a Federal Reserve Bank or other facility of one or more Federal Reserve Banks, the Board of Governors of the Federal Reserve System, or both, or an electric funds transfer network? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>Engage in any type of internet gambling activity?</b> <i>If Yes, additional documentation is required.</i>  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>Own and/or operate a privately owned ATM?</b> <i>If Yes, additional documentation is required.</i>  |

## Bank Use Only

<b>Customer Number</b>	_____	<b>Account</b>	_____
<b>CSR Name</b>	_____	<b>Number(s)</b>	_____
<b>Date Received</b>	_____		_____



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## CBD Oil or Hemp Related Questions

Is this business a CBD Oil or Hemp related business? Yes No

Type of Business: \_\_\_\_\_  
(Example - CBD Oil or Hemp - Grower/Distributor/Processor - Please circle one)

Approximate Annual Revenue: \_\_\_\_\_

What percentage of your business is directly tied to a CBD Oil or Hemp related business? \_\_\_\_\_ %

What process do you have in place to make sure the CBD Oil or Hemp related business is licensed?  
\_\_\_\_\_  
\_\_\_\_\_

## Signer Information - Required

**1** Name \_\_\_\_\_  
*First Middle Initial Last*

Business Title \_\_\_\_\_ Email Address \_\_\_\_\_

Authorized Agent  Executor/Administrator  Trustee/Co-Trustee  
 Other: \_\_\_\_\_ CIF (Bank Use) \_\_\_\_\_

**2** Name \_\_\_\_\_  
*First Middle Initial Last*

Business Title \_\_\_\_\_ Email Address \_\_\_\_\_

Authorized Agent  Executor/Administrator  Trustee/Co-Trustee  
 Other: \_\_\_\_\_ CIF (Bank Use) \_\_\_\_\_

**3** Name \_\_\_\_\_  
*First Middle Initial Last*

Business Title \_\_\_\_\_ Email Address \_\_\_\_\_

Authorized Agent  Executor/Administrator  Trustee/Co-Trustee  
 Other: \_\_\_\_\_ CIF (Bank Use) \_\_\_\_\_

**4** Name \_\_\_\_\_  
*First Middle Initial Last*

Business Title \_\_\_\_\_ Email Address \_\_\_\_\_

Authorized Agent  Executor/Administrator  Trustee/Co-Trustee  
 Other: \_\_\_\_\_ CIF (Bank Use) \_\_\_\_\_

**5** Name \_\_\_\_\_  
*First Middle Initial Last*

Business Title \_\_\_\_\_ Email Address \_\_\_\_\_

Authorized Agent  Executor/Administrator  Trustee/Co-Trustee  
 Other: \_\_\_\_\_ CIF (Bank Use) \_\_\_\_\_

## Customer Authorization - Required by One Authorized Business Representative

By signing below, I certify that the information I have provided is correct to the best of my knowledge. I understand you will retain this form whether or not an account is opened. You are authorized to check my credit and deposit account history, and answer questions about your deposit account experience with me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: We reserve the right to remove an authorized signer or signers from your account, and/or close your account, if we are unable to verify any of the information provided on this form, or if required identification/documentation is not provided within thirty (30) days of the date of this form. If your account is closed, the balance will be returned to you at the address provided.