



BUSINESS ACCOUNT APPLICATION

New Revised

Account #: _____

Business Name: _____ New Existing # _____

(Must match documentation provided)

DBA Name (if applicable): _____

Physical Address: _____

Mailing Address: _____

(If different)

Type of Account Requested: _____ Purpose of Account: _____

Opening Deposit Amount: _____ Opening Source: Cash Check Other _____

Tax ID #: _____ Business Phone #: _____ NAICS Code: _____

Number of Locations: ____ Address of Other Locations: _____

Business Website: _____

Facsimile Signature Requested: Yes No

Would you like to order checks? Yes No If YES, what kind? Business Size Personal Size Wallet Duplicate

SIGNER INFORMATION

1. Name: _____ New Existing # _____

(Must match documentation provided, including middle name)

Title: _____ NAICS Code: _____

SSN: _____ ID Type & #: _____ Exp: _____ DOB: _____

Physical Address: _____

(If no address listed on identifying documentation, must provide proof of address)

Work Phone #: _____ Cell Phone #: _____ Home Phone #: _____

Occupation: _____ Employer: _____

Email Address: _____

Visa Check Card: Yes No Online Banking: Yes No

2. Name: _____ New Existing # _____

(Must match documentation provided, including middle name)

Title: _____ NAICS Code: _____

SSN: _____ ID Type & #: _____ Exp: _____ DOB: _____

Physical Address: _____

(If no address listed on identifying documentation, must provide proof of address)

Work Phone #: _____ Cell Phone #: _____ Home Phone #: _____

Occupation: _____ Employer: _____

Email Address: _____

Visa Check Card: Yes No Online Banking: Yes No

3. Name: _____ New Existing # _____

(Must match documentation provided, including middle name)

Title: _____ NAICS Code: _____

SSN: _____ ID Type & #: _____ Exp: _____ DOB: _____

Physical Address: _____

(If no address listed on identifying documentation, must provide proof of address)

Work Phone #: _____ Cell Phone #: _____ Home Phone #: _____

Occupation: _____ Employer: _____

Email Address: _____

Visa Check Card: Yes No Online Banking: Yes No

4. Name: _____ New Existing

(Must match documentation provided, including middle name)

Title: _____ NAICS Code: _____

SSN: _____ ID Type & #: _____ Exp: _____ DOB: _____

Physical Address: _____

(If no address listed on identifying documentation, must provide proof of address)

Work Phone #: _____ Cell Phone #: _____ Home Phone #: _____

Occupation: _____ Employer: _____

Email Address: _____

Visa Check Card: Yes No Online Banking: Yes No

BENEFICIAL OWNER INFORMATION

Complete page 5 and obtain DL copy for all beneficial owners (20% or more ownership)

As part of our ongoing efforts to ensure compliance with the regulatory guidance, the following questions MUST be answered. We appreciate your assistance in providing this information.

How did you hear about us? Newspaper Magazine Radio TV Billboard Word of Mouth

Drive-By Employee _____ Other _____

Description of Business: _____ How long has the company been in business? __Years__Months

Specific Products & Services Offered: _____

Primary Trade Area: _____ Previous Bank: _____

Is your business seasonal? Yes No If YES, what is your seasonal time? _____

No Changes – Signer Revisions Only CD Account – Skip to Citizenship question on page 3

What type of deposits do you expect on a monthly basis? (Check all that apply) None

Cash Checks Domestic Funds Transfers International Funds Transfers ACH Internal Transfers

What would the dollar range be for **CASH** deposits?

None <\$5K \$5K - \$10K \$10K - \$50K >\$50K

What would the dollar range be for **CHECK** deposits?

None <\$5K \$5K - \$10K \$10K - \$50K >\$50K

What would the dollar range be for **DOMESTIC FUNDS TRANSFER** deposits?

None <\$5K \$5K - \$10K \$10K - \$50K >\$50K

What would the dollar range be for **INTERNATIONAL FUNDS TRANSFER** deposits?

None <\$5K \$5K - \$10K \$10K - \$50K >\$50K

What countries? _____

What would the dollar range be for **ACH** deposits?

None <\$5K \$5K - \$10K \$10K - \$50K >\$50K

What would the dollar range be for **INTERNAL TRANSFERS**?

None <\$5K \$5K - \$10K \$10K - \$50K >\$50K

What type of withdrawals do you expect on a monthly basis? (Check all that apply) None

Cash Checks Domestic Funds Transfers International Funds Transfers ACH Internal Transfers

What would the dollar range be for **CASH** withdrawals?

None <\$5K \$5K - \$10K \$10K - \$50K > \$50K

What would the dollar range be for **CHECKS** written?

None <\$5K \$5K - \$10K \$10K - \$50K > \$50K

What would the dollar range be for **DOMESTIC FUNDS TRANSFER** withdrawals?

None <\$5K \$5K - \$10K \$10K - \$50K > \$50K

What would the dollar range be for **INTERNATIONAL FUNDS TRANSFER** withdrawals?

None <\$5K \$5K - \$10K \$10K - \$50K > \$50K

What countries? _____

What would the dollar range be for **ACH** withdrawals?

None <\$5K \$5K - \$10K \$10K - \$50K > \$50K

What would the dollar range be for **INTERNAL TRANSFERS**?

None <\$5K \$5K - \$10K \$10K - \$50K >\$50K

Will your business have the following recurring or routine activity exceeding \$5,000 in a day?

Currency Deposit or Withdrawal: Yes No

Incoming / Outgoing Domestic Funds Transfers: Yes No (If YES, obtain a Funds Transfer Agreement)

Incoming / Outgoing International Funds Transfers: Yes No (If YES, obtain a Funds Transfer Agreement)

If YES, please explain: _____

Does your business engage in the following activities? (Please check ALL that apply)

Cash Checks Sell Money Orders Sell Travelers Cheques Sell Gift Cards Transmit Funds N/A

Does your business conduct any of the following activities? (Please check ALL that apply)

Convenience Store Lottery Sales Jewelry Sales N/A

Does your business conduct Vehicle Sales of Any Kind (cars, boat, airplanes, etc.)? Yes No

If YES, do you conduct in-house financing? Yes No

Is there an ATM on the premises of the business? Yes No

If YES, how is the money replenished? _____

Is your business a domestic charity? Yes No

Does your business engage in internet-based sales? Yes No

Does your business conduct online gambling activity? Yes No

Does your business engage in international activities? Yes No

Is each signer a US Citizen? Yes – skip question A & B No – answer question A OR B

A. Are you a Resident Alien, with an issued Resident Alien Card or “Green Card?” If so, provide a copy of the card with proof of address, which could be a Texas DL/ID or any of the other approved documentation.

A1) What country are you a citizen of? _____

OR

B. Are you a Non-Resident Alien? If so, provide a copy of passport from country of citizenship along with proof of address which could be a Texas DL/ID or any of the other approved documentation and obtain a signed W8BEN. (A SSN or ITIN is required for all accounts.)

B1) What country are you a citizen of? _____

Have any owners ever been a Foreign Political Leader or connected to the government of a foreign country?

Yes No

Do any owners have relatives or close associates that are now or have been connected to the government of a foreign country?

Yes No

Have any owners ever been a Domestic Political Leader or connected to the government?

Yes No

Do any owners have relatives or close associates that are now or have been connected to the government?

Yes No

BUSINESS DOCUMENTS NEEDED:

Additional documentation may be requested

<p>Non-Profit: Bi-Laws, if applicable Minutes Certificate of Formation for Non-profit Corporation</p> <p>Association: Meeting Minutes</p>	<p>*Partnership Company: Filed Certificate of Formation Partnership Agreement Certificate of Good Standing</p> <p>Sole Proprietorship: Assumed Name Certificate Tax ID Number or Social</p>	<p>*LLC Company: Filed Articles of Organization <u>OR</u> Filed Certificate of Formation Company/Operating Agreement Certificate of Good Standing</p>	<p>*Incorporated Company: Filed Certificate of Formation <u>OR</u> Filed Articles of Incorporation Minutes, signed Certificate of Good Standing</p>
<p>*Assumed Name Certificates: Any Corp, LLC, LP, LLP, or Professional Association using a DBA must file with the County and the State. *Both are required if a DBA is added.</p>			

BENEFICIAL OWNER(S) INFORMATION

The following information is needed for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns **20 percent or more** of the equity interests of the legal entity listed above:

Name: _____ New Existing # _____

(Must match documentation provided, including middle name) (If a signer, complete name & title)

Title: _____ NAICS Code: _____

SSN: _____ ID Type & #: _____ Exp: _____ DOB: _____

Physical Address: _____

(If no address listed on identifying documentation, must provide proof of address)

Work Phone #: _____ Cell Phone #: _____ Home Phone #: _____

Occupation: _____ Employer: _____

Email Address: _____

Name: _____ New Existing # _____

(Must match documentation provided, including middle name) (If a signer, complete name & title)

Title: _____ NAICS Code: _____

SSN: _____ ID Type & #: _____ Exp: _____ DOB: _____

Physical Address: _____

(If no address listed on identifying documentation, must provide proof of address)

Work Phone #: _____ Cell Phone #: _____ Home Phone #: _____

Occupation: _____ Employer: _____

Email Address: _____

Name: _____ New Existing # _____

(Must match documentation provided, including middle name) (If a signer, complete name & title)

Title: _____ NAICS Code: _____

SSN: _____ ID Type & #: _____ Exp: _____ DOB: _____

Physical Address: _____

(If no address listed on identifying documentation, must provide proof of address)

Work Phone #: _____ Cell Phone #: _____ Home Phone #: _____

Occupation: _____ Employer: _____

Email Address: _____

Name: _____ New Existing # _____

(Must match documentation provided, including middle name) (If signer, complete name & title)

Title: _____ NAICS Code: _____

SSN: _____ ID Type & #: _____ Exp: _____ DOB: _____

Physical Address: _____

(If no address listed on identifying documentation, must provide proof of address)

Work Phone #: _____ Cell Phone #: _____ Home Phone #: _____

Occupation: _____ Employer: _____

Email Address: _____

I authorize this financial institution to check all listed signers bank history via ChexSystems and/or employment history should it be deemed necessary.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR 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 for your name, address, date of birth and other information that will allow us to identify you. We will ask to see your driver's license or other identifying documents.

Signature: _____ Date: _____

(Owner/Manager/Member)



AFFIDAVIT OF IDENTITY

- Affidavit of Identity is to be used and notarized in the event that an Owner/Signer or Beneficial Owner is not present at the time of opening the account.

STATE OF _____

COUNTY OF _____

BEFORE ME THE FOLLOWING AFFIANT APPEARED _____, ON THE _____ DAY

OF _____, 201__ PROVEN TO ME BY THE FOLLOWING VALID

IDENTIFICATION, WHICH A COPY HAS BEEN ATTACHED:

INSTRUMENT TYPE _____

INSTRUMENT NUMBER _____

INSTRUMENT EXPIRATION DATE _____

SIGNATURE OF AFFIANT: _____

NOTARY PUBLIC FOR THE STATE OF _____
COMMISSION EXPIRES _____

SEAL

For bank use only:

VERIFICATION OF IDENTITY

- Verification of Identity is to be used when bank personnel go to visit the customer to obtain a copy of their identification.

BEFORE ME APPEARED _____, ON THE _____ DAY OF _____,

201__ PROVEN TO ME BY A VALID IDENTIFICATION, WHICH A COPY HAS BEEN

ATTACHED AND THEIR SOCIAL SECURITY NUMBER _____

ACKNOWLEDGED BY: _____