

New Business Account Worksheet

Date: _____ Account: _____ Branch # _____

Name/Account Title: _____

Taxpayer ID # _____

Physical Address: _____

Mailing Address: _____

Telephone # _____ Email Address _____

Fax # _____ Website _____

Type of Entity

- Sole Proprietorship
 Corporation (Profit)
 Corporation (Non-Profit)
 Partnership
 Limited Liability Company
 Governmental Unit
 Trust Account
 Professional Association
 Pension FDS/Escrow Acct
 Unincorporated Association/Organization
 Other _____

Nature/Type of Business	(Convenience, Grocery, Retail, Restaurant, etc.)
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Amount of Opening Deposit: _____

Source of Funds: Check _____ Cash _____ Internal Transfer (Account# _____)

What type of Deposit/Withdrawals will typically be made? Cash, Checks, Electronic, Wire Transfers, or other.

Is your business affiliated with online gambling? Y or N

Do you/will you cash checks for people? Y or N

Do you/will you sell money orders? Y or N

Do you/will you perform wire transfer services? Y or N

(Moneygram, Western Union, etc.)

<input type="checkbox"/> LOW RISK Long time customer, Non-Cash Intensive	<input type="checkbox"/> MODERATE RISK Cash Intensive, Wire Transfers	<input type="checkbox"/> HIGH RISK Cash Intensive, Foreign Wires, Atm/Cash Service, Pending TIN
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*****Business Account Documentation*****

DOCUMENT DATE _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Corporate Resolution | <input type="checkbox"/> Sole Proprietorship Resolution | <input type="checkbox"/> Certificate of Filing |
| <input type="checkbox"/> Partnership Resolution | <input type="checkbox"/> Assumed Name Certificate | <input type="checkbox"/> Certificate of Formation |
| <input type="checkbox"/> Trust Agreement | <input type="checkbox"/> Resolution for Unincorporated Assn/Organization | <input type="checkbox"/> SS4 |

Signature Agreement: Out-date _____ In-date _____

*****Other Information*****

Check Order: Single Duplicates Temporary Checks if needed

Style/Information _____

Date Ordered _____

Debit Card(s) Yes How many? _____ No

Internet Banking Yes No

*****Account Related Entities*****

Name _____

Address _____

SSN _____ DOB _____ US Citizen yes no

DLN _____ Exp _____ Home # _____

Employer Info _____ Phone # _____

Relationship to Account: Owner Beneficiary Trustee Authorized Agent

Name _____

Address _____

SSN _____ DOB _____ US Citizen yes no

DLN _____ Exp _____ Home # _____

Employer Info _____ Phone # _____

Relationship to Account: Owner Beneficiary Trustee Authorized Agent

Does this customer's name appear on any government list? (OFAC) NO YES

If YES, please explain circumstances: _____

Comments: _____

Clerk _____ Review _____

*****Account Related Entities*****

Name _____
Address _____
SSN _____ DOB _____ US Citizen yes no
DLN _____ Exp _____ Home # _____
Employer Info _____ Phone # _____
Relationship to Account: Owner Beneficiary Trustee Authorized Agent

Name _____
Address _____
SSN _____ DOB _____ US Citizen yes no
DLN _____ Exp _____ Home # _____
Employer Info _____ Phone # _____
Relationship to Account: Owner Beneficiary Trustee Authorized Agent

Name _____
Address _____
SSN _____ DOB _____ US Citizen yes no
DLN _____ Exp _____ Home # _____
Employer Info _____ Phone # _____
Relationship to Account: Owner Beneficiary Trustee Authorized Agent

Name _____
Address _____
SSN _____ DOB _____ US Citizen yes no
DLN _____ Exp _____ Home # _____
Employer Info _____ Phone # _____
Relationship to Account: Owner Beneficiary Trustee Authorized Agent