



Account # _____

Business New Account Information Sheet

Business Name: _____
 DBA (If applicable): _____
 Physical Address: _____
 Mailing Address: _____
 Phone Number: _____ Fax Number: _____
 Tax Identification #: _____ Type of Business Entity: _____
 Type of Business: _____

Signer

Customer Name: _____ Social Security #: _____
 Physical Address: _____
 E-mail Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Date of Birth: _____ Mother's Maiden Name: _____
 City of Birth: _____ Occupation: _____
 Primary ID Type: _____ Primary ID Number: _____ Exp. Date: _____
 We need a copy of Drivers License (State Issued Driver's License, US Passport, Military Issued Identification)

Secondary ID Type: _____ Last 4 Digits: _____ Issued: _____ Exp. Date: _____
 (Debit Card, Major Credit Card, Major Department Store Credit Card, Gas Card)

Account Expected Activity:

Estimated monthly cash deposit volume: Amount \$ _____ Number of Deposits: _____
 Estimated monthly cash withdrawal volume: Amount \$ _____ Number of Withdrawals: _____
 Domestic Wires: Yes No
 Foreign Wires: Yes No
 Estimated monthly total incoming wire activity: Amount \$ _____ No. of Incoming Wires: _____
 Estimated monthly total of outgoing wire activity: Amount \$ _____ No. of Outgoing Wires: _____
 Estimated monthly purchase of cashier's checks : Amount \$ _____ No. of Cashier's Checks: _____
 Do you have an ATM on site? Yes No
 Estimated monthly incoming ACH activity: Amount \$ _____ No. of Incoming ACH: _____
 Estimated monthly outgoing ACH activity: Amount \$ _____ No. of Outgoing ACH: _____
 Estimated # of checks written per month: Amount \$ _____ No. of Written Checks: _____
 Estimated # of monthly debit card transactions: Amount \$ _____ No. of Card Transactions: _____
 Source of opening funds? _____ Purpose of Account? _____
 Is the business a MSB? Yes No Is the business a MRB? Yes No
 Do you do business with MRB's? (Indirect MRB) _____
 Major customers and suppliers: _____
 Description of primary trade area: _____

For Bank Use	
Opening Deposit \$ _____	Date of Site Visit: _____
OFAC on Signers _____	Account Opened By: _____
OFAC on Business _____	Account Approved By: _____
OnBoard Advisor _____	Superseded By: _____
Check Order _____	Call Back By: _____
Risk Rating _____	
NAICS Code _____	Debit Card <u>Yes</u> <u>No</u>
	REV TD 050719