



Business Account Application

Business Information	
Business Name or DBA Name (as appears on Government issued documents) X	Mailing Address X
Physical Address X	Business is organized under the laws of (County and State) X
Fed ID/EIN or SSN X	Primary Phone: X
Other identifying number if you <u>do not</u> have EIN or SSN X	Primary Email: X

Select Type of Business
<ul style="list-style-type: none"> ○ Single Member LLC <ul style="list-style-type: none"> ü Business must be in good standing with the department of financial institutions ü Beneficial Ownership Information
<ul style="list-style-type: none"> ○ Corporation <ul style="list-style-type: none"> ü Must provide articles of incorporation ü Must provide corporate meeting minutes designating signors being added to the account if they are not listed in articles of incorporation ü Business must be in good standing with the department of financial institutions ü Beneficial Ownership Information
<ul style="list-style-type: none"> ○ Limited Liability Companies <ul style="list-style-type: none"> ü Must provide articles of organization & operating agreement ü Must provide corporate meeting minutes designating signors being added to the account if they are not listed in articles of organization ü Business must be in good standing with the department of financial institutions ü Beneficial Ownership Information
<ul style="list-style-type: none"> ○ Partnership account <ul style="list-style-type: none"> ü Must provide partnership agreement ○ Limited Partnership <ul style="list-style-type: none"> ü Must file a Certificate of Limited Partnership with the State ü Must provide partnership agreement ü Business must be in good standing with the department of financial institutions ü Beneficial Ownership Information ○ Limited Liability Partnership <ul style="list-style-type: none"> ü Must file a Certificate of Limited Liability Partnership with the State ü Must provide partnership agreement ü Business must be in good standing with the department of financial institutions ü Beneficial Ownership Information
<ul style="list-style-type: none"> ○ Other organization (unincorporated associations, local organizations, some non-profits) <ul style="list-style-type: none"> ü Must provide meeting minutes from your latest meeting designating signors of the account. Prior to account opening ü Must have an EIN number ü Beneficial Ownership Information – Control Person Info Only, if no one owns at least 25% of entity

Please check all services you expect to use or would like more information about

- Internet Banking
- E-Statements
- Online Bill Payment
- ATM/Debit Cards
- Wire Services
- Certificates of Deposit
- Loans
- Safe Deposit Box
- ACH Origination

Other Account Details

- What is the nature of your business?** _____
- Do you Operate an Internet Gambling Business?** Y or N (circle one)
- Are you a Money Service Business?** Y or N (circle one)
(Money services businesses issue money orders, cash checks, process wires for their customers)
- Do you Own or Operate an ATM at your place of business?** Y or N (circle one)
If Yes- what are your cash needs from the financial institution: \$_____
- Will you be engaged in any International activity?** Y or N (circle one)
- Do you plan to use any of the following?** (check all that apply)
 - Incoming Wires
 - Outgoing Wires
 - International Wires
- How close is your office to the financial institution?**
 - 1-5 miles
 - 6-10 miles
 - 11+ miles
- What will be the frequency and average amount of your deposits?**
 - Daily Average deposit amount: \$_____
 - Weekly Average Cash deposit amount: \$_____
 - Bi-Weekly
 - Monthly
- What will be the frequency and amount of your cash withdrawals?**
 - Daily ___ \$0-\$500
 - Weekly ___ \$500-\$1,000
 - Monthly ___ \$1,000-\$5,000
 - Occasionally ___ \$5,000 or Greater
 - None

Reason for choosing Community Bank

Beneficial Ownership (Corporations, LLCs, Single Member LLCs, IPs, IIPs)
Effective May 11, 2018, new rules under the Bank Secrecy Act will aid the government in the fight against crimes to evade financial measures designed to combat terrorism and other national security threats.
EACH time an account is opened for a covered Legal Entity, we are required to ask you for identifying information (name, address, date of birth, social security number as well as identification documents) for: <ul style="list-style-type: none"> • Each individual that has beneficial ownership (25% or more); and, • One individual that has significant managerial control, of the Legal Entity. If you are opening an account on behalf of a Legal Entity, you will be required to provide the appropriate documentation and to certify that this information is true and accurate to the best of your knowledge.

Beneficial Owner- Control Person: Must name ONE Control Person for the Legal Entity
(Single Individual with significant responsibility to control, manage, or direct a legal entity (such as the CEO, CFO, COO, President, Vice President, Managing Member, Treasurer) or any other individual who regularly performs similar functions.

Beneficial Owner – Control Person	If checked, also an Authorized Signer on Account
Customer Name (First, MI, Last) X	Role X
Physical Address X	Mailing Address X
Date of Birth X	Social Security Number X
Password for Phone Inquiries X	Email Address X
State issued ID Card or Driver's License (Must provide copy) X _____ State _____ Issue date Exp date	Phone Numbers Home: Work: Cell:

If checked, no individual owns at least 25% of legal entity. (i.e. All owners <25%, Charitable/Non-profit)

Explanation: _____

Beneficial Owner #1 - Owns at least 25% of legal entity	If checked, also an Authorized Signer on Account
Customer Name (First, MI, Last) X	Occupation and/or Title X
Physical Address X	Mailing Address X
Date of Birth X	Social Security Number X
Password for Phone Inquiries X	Email Address X
State issued ID Card or Driver's License (Must provide copy) X _____ State _____ Issue date Exp date	Phone Numbers Home: Work: Cell:

Beneficial Owner #2 - Owns at least 25% of legal entity	If checked, also an Authorized Signer on Account
Customer Name (First, MI, Last) X	Occupation and/or Title X
Physical Address X	Mailing Address X
Date of Birth X	Social Security Number X
Password for Phone Inquiries X	Email Address X
State issued ID Card or Driver's License (Must provide copy) X _____ State _____ Issue date Exp date	Phone Numbers Home: Work: Cell:

Beneficial Owner #3 - Owns at least 25% of legal entity	If checked, also an Authorized Signer on Account
Customer Name (First, MI, Last) X	Occupation and/or Title X
Physical Address X	Mailing Address X
Date of Birth X	Social Security Number X
Password for Phone Inquiries X	Email Address X
State issued ID Card or Driver's License (Must provide copy) X _____ State _____ Issue date Exp date	Phone Numbers Home: Work: Cell:

Beneficial Owner #4 - Owns at least 25% of legal entity	If checked, also an Authorized Signer on Account
Customer Name (First, MI, Last) X	Occupation and/or Title X
Physical Address X	Mailing Address X
Date of Birth X	Social Security Number X
Password for Phone Inquiries X	Email Address X
State issued ID Card or Driver's License (Must provide copy) X _____ State _____ Issue date Exp date	Phone Numbers Home: Work: Cell:

Additional Authorized Signers on Account who are NOT Beneficial Owners

Authorized Signer #1	
Customer Name (First, MI, Last) X	Occupation and/or Title X
Physical Address X	Mailing Address X
Date of Birth X	Social Security Number X
Password for Phone Inquiries X	Email Address X
State issued ID Card or Driver's License (Must provide copy) X _____ State _____ Issue date Exp date	Phone Numbers Home: Work: Cell:

Authorized Signer #2	
Customer Name (First, MI, Last) X	Occupation and/or Title X
Physical Address X	Mailing Address X
Date of Birth X	Social Security Number X
Password for Phone Inquiries X	Email Address X
State issued ID Card or Driver's License (Must provide copy) X _____ State _____ Issue date Exp date	Phone Numbers Home: Work: Cell:

Authorized Signer #3	
Customer Name (First, MI, Last) X	Occupation and/or Title X
Physical Address X	Mailing Address X
Date of Birth X	Social Security Number X
Password for Phone Inquiries X	Email Address X
State issued ID Card or Driver's License (Must provide copy) X _____ State _____ Issue date Exp date	Phone Numbers Home: Work: Cell: