



## BUSINESS ACCOUNT CIP APPLICATION WORKSHEET

NEW ACCOUNT   
  EXISTING/SUPERCEDING   
 WAIVE SERVICE CHARGES UNTIL: \_\_\_\_\_   
 OFFICER INITIALS: \_\_\_\_\_

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law under the USA Patriot Act requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our PRIVACY POLICY AND FEDERAL LAW.

<b>Business Name:</b> <i>(as it appears on legal documentation)</i>			
<b>Account Title:</b>		<b>Federal TIN #:</b>	
DBA Name (if applicable):		<b>Type of Entity:</b>	
Business Description:		<b>NAICS Code:</b>	
Business Address(US):			
Mailing Address (If Different):			
Business Address (Foreign):			

### Business Authorized Signer Information

<b>Name:</b>		<input type="checkbox"/> US CITIZEN <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NON-RESIDENT ALIEN		
Social Security No.:		Date of Birth:		Birthplace:
Primary ID: Drivers License/ Issue State:		Expiration Year:		Other ID:
Mother's Maiden Name:		E-Mail:		
Home Address:				
Mailing Address (If Different):				
Home Phone:		Mobile/Cell Phone:		
Employer Name:		Title:		
Business/Work Phone:		Fax:		

### Business Authorized Signer Information

<b>Name:</b>		<input type="checkbox"/> US CITIZEN <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NON-RESIDENT ALIEN		
Social Security No.:		Date of Birth:		Birthplace:
Primary ID: Drivers License/ Issue State:		Expiration Year:		Other ID:
Mother's Maiden Name:		E-Mail:		
Home Address:				
Mailing Address (If Different):				
Home Phone:		Mobile/Cell Phone:		
Employer Name:		Title:		
Business/Work Phone:		Fax:		

### Business Authorized Signer Information

<b>Name:</b>		<input type="checkbox"/> US CITIZEN <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NON-RESIDENT ALIEN		
Social Security No.:		Date of Birth:		Birthplace:
Primary ID: Drivers License/ Issue State:		Expiration Year:		Other ID:
Mother's Maiden Name:		E-Mail:		
Home Address:				
Mailing Address (If Different):				
Home Phone:		Mobile/Cell Phone:		
Employer Name:		Title:		
Business/Work Phone:		Fax:		

### FOR BANK USE ONLY

Analyzed/Basic Checking #:	
Business MMA/Svgs Acct #:	
Officer/Secondary Officer:	
Referral Officer:	
Account Opened By:	

<b>Account Type:</b>
<input type="checkbox"/> Sole-Proprietorship
<input type="checkbox"/> Corporation
<input type="checkbox"/> Ltd Liability Company
<input type="checkbox"/> Gen/Ltd Partnership
<input type="checkbox"/> Attorney Client Trust
<input type="checkbox"/> Non-Profit Org
<input type="checkbox"/> Other

<input type="checkbox"/> CHEX SYSTEMS PERFORMED BY
<input type="checkbox"/> OFAC VERIFIED BY
<input type="checkbox"/> SCANNED BY: