



# Business Deposit Account Information

Company Name \_\_\_\_\_ Federal Tax ID \_\_\_\_\_  
 Street Address \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Web Site \_\_\_\_\_  
 Business Entity:  Corporation  Sub S.  Limited Liability Company  Sole proprietor  Nonprofit  PLLC  PLLP  PA  
 Type of Business \_\_\_\_\_ Number of Employees \_\_\_\_\_ Asset Size \_\_\_\_\_  
 County and State of Organization \_\_\_\_\_ Authorization Date \_\_\_\_\_ NAICS Code \_\_\_\_\_  
 Preferred Branch \_\_\_\_\_ Preferred Banker's Name \_\_\_\_\_

## AUTHORIZING SIGNERS

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License or ID# \_\_\_\_\_  
 Address \_\_\_\_\_ Title \_\_\_\_\_ Social Security # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
 H. Phone \_\_\_\_\_ W. Phone \_\_\_\_\_ Cell \_\_\_\_\_ Mothers Maiden Name \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License or ID# \_\_\_\_\_  
 Address \_\_\_\_\_ Title \_\_\_\_\_ Social Security # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
 H. Phone \_\_\_\_\_ W. Phone \_\_\_\_\_ Cell \_\_\_\_\_ Mothers Maiden Name \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License or ID# \_\_\_\_\_  
 Address \_\_\_\_\_ Title \_\_\_\_\_ Social Security # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
 H. Phone \_\_\_\_\_ W. Phone \_\_\_\_\_ Cell \_\_\_\_\_ Mothers Maiden Name \_\_\_\_\_

Have you had a transaction account at this or another financial intermediary within 12 months before making this application?  
 Yes  No If Yes, name of Institution \_\_\_\_\_

Have you had a transaction account closed by a financial institution without your consent within 12 months of making this application?  
 Yes  No If Yes, reason \_\_\_\_\_

Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months of making this application?  Yes  No

1. What is the primary purpose of your account? \_\_\_\_\_
2. Will your business make wire transfers?  Yes  No If yes:  Domestic  International  Both
3. Does your business cash checks or give cash back on checks, travelers' checks or gift cards?  Yes  No If no skip to question 4.
  - a. Is the total amount of cash back more than \$25,000 per month?  Yes  No
  - b. Would you ever give a customer back more than \$1,000 in cash in one day?  Yes  No
  - c. Do you charge a fee for this service?  Yes  No
4. Does your business offer/sell money transfer or money telegram services?  Yes  No
5. Does your business sell money orders or travelers' checks, exchange currency, or sell gift cards that can be used to get cash?  Yes  No
6. Does your business engage in internet gambling activity?  Yes  No
7. Is there an ATM at your business?  Yes  No

I/We authorize Bank to do a credit check on the business entity or any authorized signer and that everything I have stated in this application is correct to the best of my knowledge.

1) Authorized Signer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

2) Authorized Signer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

3) Authorized Signer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## Bank Use Only

Service being applied for:  Free Business Checking  Business Interest Checking  Business Analysis Checking  
 Regular Business Savings  Business Money Market Savings  Business CD  
 Initial Deposit \_\_\_\_\_ Account # \_\_\_\_\_ Date \_\_\_\_\_  
 Type of Funds \_\_\_\_\_ Chex System \_\_\_\_\_ Initials \_\_\_\_\_