



TODAY'S BANK

BUSINESS/TRUST ACCOUNT APPLICATION

For Office Use Only
Opened By: Account Number:
Place Bar Code Here

As required by the USA Patriot Act, Important Information about opening a New Account: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What This Means For You: When you open an account, we will ask you for your name, address, date of birth, tax id number, beneficial owners, control person, and other information that will allow us to identify the signers and legal entity. We may also ask to see your driver's license or other identifying documents.

1.) Please choose the types of accounts you are interested in below:

Business:

Checking: \_\_\_ Basic \_\_\_ Plus \_\_\_ Premium \_\_\_ Money Market \_\_\_ Sole Prop (DBA) NOW Checking
\_\_\_ Savings \_\_\_ CD \_\_\_ Club Acct-Christmas/Vacation

Trust:

\_\_\_ CD \_\_\_ Money Market \_\_\_ NOW Checking
\_\_\_ Regular Checking \_\_\_ Freedom Checking \_\_\_ Club Acct-Christmas/Vacation
\_\_\_ Savings

2.) BUSINESS ACCOUNT INFORMATION

Legal Business Name Type of Entity Tax ID No
Business Address (Street Address) Mailing Address (if different)
City, State, Zip Code City, State, Zip Code
Phone Number Years in Business Business Web Site Address
State & Date of Organization Initial Deposit Amount \$ Source of Funds for Opening Account
Nature of Business/Types of Goods or Services Sold Control Person:
Beneficial Owners (≥ 25%)
List each of your owned business locations below For Office Use Only- Industry Code

3.) Are you Interested in the following Services:

\_\_\_ Debit Card \_\_\_ Online Banking \_\_\_ Bill Pay \_\_\_ ACH Services
\_\_\_ Merchant Services \_\_\_ Credit Card \_\_\_ Remote Deposit Capture Service

4.) Are you interested in purchasing checks for this account? \_\_\_\_\_

5.) Describe your USA market area and customer base. Check all that apply

\_\_\_ Local county residents \_\_\_ Local statewide residents \_\_\_ Multi-state area residents \_\_\_ US Citizens \_\_\_ International customers

If International customers, please describe your primary target market? \_\_\_\_\_

6.) Do you/will you perform the following services for customers?

Check Cashing [ ] Yes [ ] No Issue Traveler's checks [ ] Yes [ ] No
Currency Dealer [ ] Yes [ ] No Issue Money Orders [ ] Yes [ ] No
Currency Exchange [ ] Yes [ ] No Issue Stored Valued Cards [ ] Yes [ ] No
Wire Transfer Services [ ] Yes [ ] No Money Transmitter [ ] Yes [ ] No

7.) Do you/will you own or operate private ATM(s)? If so, please list the locations of the ATM(s) below.

Signatures are required on the next page. Please complete the additional account holder form if needed.

Business Account Name \_\_\_\_\_

**8.) Please estimate monthly volume for all accounts, please ensure percentages total 100%.**

<b>Total Deposits: \$</b> _____ _____ % cash _____ % checks _____ % currency exchange _____ % ACH, Debit Card, Check Conversion _____ % sell of official checks, money orders, etc. _____ % domestic wire transfers _____ % foreign wire transfers 100%	<b>Total Withdrawals: \$</b> _____ _____ % cash _____ % checks _____ % currency exchange _____ % ACH, Debit Card _____ % purchase of official checks, money orders, e _____ % domestic wire transfers _____ % foreign wire transfers 100%
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**9.) Will you engage in an Internet Gambling Business?**  Yes  No If yes, please provide documentation

**10.) Do you/will you engage in the cultivation, production or distribution of marijuana or marijuana-related products?**

Yes  No If yes, speak with Customer Service Representative about additional documentation required to complete your application.

**11.) AUTHORIZED INDIVIDUAL INFORMATION**

<b>Name (First, MI, Last)</b>			
<b>Individual Address (Street Address)</b>		<b>Mailing Address (if different)</b>	
<b>City, State, Zip Code</b>		<b>City, State, Zip Code</b>	
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	<b>Email Address</b>
<b>Social Security/Tax ID Number</b>	<b>Date of Birth (MM/DD/YYYY)</b>		<b>Mother's Maiden Name</b>
<b>Driver's License, State Id, or Passport Number</b>	<b>Issued By</b>	<b>Issue Date</b>	<b>Expiration Date</b>
			<b>Please circle one of the following:</b> US Citizen Permanent Resident Alien Non-Permanent Resident Alien
<b>Employer's Name</b>			<b>For Office Use Only- Industry Code</b>
<small>Occupation (If retired or disabled, list previous occupation. If you are a homemaker, list your last occupation outside of the home.)</small>			

**12.) AUTHORIZED INDIVIDUAL INFORMATION**

<b>Name (First, MI, Last)</b>			
<b>Individual Address (Street Address)</b>		<b>Mailing Address (if different)</b>	
<b>City, State, Zip Code</b>		<b>City, State, Zip Code</b>	
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	<b>Email Address</b>
<b>Social Security/Tax ID Number</b>	<b>Date of Birth (MM/DD/YYYY)</b>		<b>Mother's Maiden Name</b>
<b>Driver's License, State Id, or Passport Number</b>	<b>Issued By</b>	<b>Issue Date</b>	<b>Expiration Date</b>
			<b>Please circle one of the following:</b> US Citizen Permanent Resident Alien Non-Permanent Resident Alien
<b>Employer's Name</b>			<b>For Office Use Only- Industry Code</b>
<small>Occupation (If retired or disabled, list previous occupation. If you are a homemaker, list your last occupation outside of the home.)</small>			

I understand that under the USA Patriot Act, this financial institution is obligated to verify the identity of each customer opening a new account, or each new owner being added to a deposit account, and I understand and agree that if the institution is not able to verify the identity of all of the owners of this account within a reasonable time, it may, at any time, in its sole discretion, without providing notice, close the account. I certify that I am aware that restricted internet gambling transactions are prohibited from being processed through the account or relationship. The information I have provided is correct to the best of my knowledge. I authorize Today's Bank to check credit and/or employment history should it deem necessary. Verification of all account information is provided by Chexsystems.

**13.) SIGNATURE(S) REQUIRED**

AUTHORIZED SIGNATURE	PRINT NAME	TITLE	DATE