



Resolution Completed
On File – YES / NO

Articles Completed
On File – YES / NO

Business Documents
On File -YES/NO

Type of Business:

- Sole Proprietor
- Partnership
- Corporation Profit Non Profit
- Association
- Domestic Government Unit

Type of Account:

- Business Checking
- Non-Profit Checking
- Small Business Checking
- Traditional Savings
- Optima Plus Savings

Portfolio Number

Account Number

Name of Business

Tax Identification Number

Street Address

City

State

Zip Code

Business Phone

Mailing Address

AUTHORIZED SIGNER

First MI Last Social Security # Birthday

Drivers License Number Exp. Date Home Phone Cell Phone

AUTHORIZED SIGNER

First MI Last Social Security # Birthday

Drivers License Number Exp. Date Home Phone Cell Phone

1.) Have you or this business had a transaction account at this or another financial institution within 12 months before making this application? Yes No
Name of Institution: _____

2.) Have you or this business had a transaction account closed by a financial institution without your consent within 12 months? Yes No

3.) Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months? Yes No

4.) Do you/will you perform any of the following services: currency dealer; currency exchange; check cashing; money transmitter; and/or the seller/redeemer of travelers checks, money orders, or stored value cards? Yes No
 • If the answer is yes, do you/will you engage in these transactions greater than \$1,000 per person per day in one or more transactions? Yes No
 • If the answer is yes, you must be registered as a Money Service Business.

5.) Do you use the internet to transact business? Yes No
 • If the answer is yes, do you/will you place, receive, or transmit a bet or wager using the internet? Yes No
 • If the answer is yes, you must provide evidence of the legal authority to engage in an internet gambling business.

6.) What types of deposits/withdrawals will you typically made? Check Cash Electronic Wire Transfers (domestic or foreign)
 Other (specify): _____

Amount of Opening Deposit: \$ _____ Source of Funds: Check \$ _____ Cash \$ _____ Transfer \$ _____
 From: _____

Everything I have stated in this application is correct to the best of my knowledge. I understand that I may be guilty of perjury if I made any material misstatements. I also understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

For Office Use Only:

CHEXSYSTEM VERIFICATION: _____ EMPLOYEE: _____

RECORDS (if any): _____ OFAC _____

Ticklers Needed-YES/NO
Regarding: _____
Follow-Up Needed-YES/NO
Action Taken: _____