

NEW BUSINESS ACCOUNT APPLICATION

ACCOUNT TYPE

Purpose of Account

- Checking Business Free Savings Internet Banking
 Business 300 Business Preferred Valley Preferred Loan
 Business Preferred CD
 Safety Dep. Box

OWNERSHIP OF ACCOUNT

Account Ownership

- Unincorporated Non Business Assoc. LLC Trust
 Sole Proprietorship** Corporation Partnership
 Estate Nonprofit Corporation Public Funds

BUSINESS APPLICANT INFORMATION

Name _____ TIN # _____
Name of Business

Bus Phone # _____ Fax Number _____ Bus Lic # _____

**If Sole Proprietorship Drivers License # _____ State _____ Issued: _____

Date of Birth: _____ Expires: _____

Business Address:

Street _____ City, State _____ Zip _____

Mailing Address:

Street/PO Box _____ City, State _____ Zip _____

*Reason if Address is Different: _____

Email Address _____ Website Address _____

Type of Business _____

Type of account activity anticipated by business at account opening:

Estimated monthly deposits in currency: \$ _____

Direct Deposits _____ NO _____ YES

Wire transfers _____ NO _____ YES (domestic or international?)

Will business engage in any of the following?

Virtual Currency _____ NO _____ YES

Check Cashing for Customers _____ NO _____ YES Dollar amount limit for cashing? _____

Selling Money Orders _____ NO _____ YES

Lottery Sales _____ NO _____ YES

Money Transfers _____ NO _____ YES (moneygram, western union, etc)

Privately Owned ATM _____ NO _____ YES (Complete Privately Owned ATM's Doc)

Marijuana Affiliation _____ NO _____ YES

Hemp Affiliation _____ NO _____ YES Industrial or Other? _____

Internet Gambling _____ NO _____ YES

CORPORATE/PARTNERSHIP RESOLUTION

Documents Received:

- Corporate Resolution Partnership Agreement Non-Profit Resolution Trust Agreement

Important Application Information

I certify that everything I have stated in the applications and on any attachments is correct. Federal law requires financial institutions to obtain information to verify your identity. You may be required to provide one or more forms of identification to comply with this requirement. Our privacy policy and federal law protect the information you provide.

Business Name _____

Date _____

By: _____

COPY OF COMPLETED FORM MUST BE SENT TO ALICIA (BSA OFFICER) IN THE TWIN VALLEY OFFICE.

BANK USE ONLY

- Low
 High

OFAC

High:

Check Cashing, Gas Station, Retail Business, Leather Goods, Dealerships, Travel Agencies, Brokers, Jewelry Dealer, Lawyers, Accountants, Investment Broker, Ship, Bus, Plane Operators. (Refer to BSA policy for complete list)

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