

## NEW BUSINESS ACCOUNT APPLICATION

### BUSINESS INFORMATION

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 for your name, address, date of birth, tax ID number and other information that will allow us to identify you. We may also ask to see and copy your current driver's license or other identifying documents. In all cases, protection of our customer's identity and confidentiality is Community Bank's pledge to you.

Type of Account Applying for (check all that apply):

Small Business Checking     
  Non-Profit Checking     
  Business Prestige Savings     
  Certificate of Deposit

Business Name

Length of Time in Business

Federal Tax ID Number

Address (NO P.O. Boxes)

City

State

Zip

Mailing Address (If different)

City

State

Zip

Business Phone Number

Cell Number

Email

Do you have existing accounts with Community Bank?

No     Yes - Which Branch \_\_\_\_\_

Type of Organization

Corporation     Non-Profit     Partnership     LLC     Sole Proprietor

Passcode

Who recommended Us to You?

In handling my account:

Contact me at:     Home     Cell     Business

Send Statements/other Communications to:     Home     Business     eStatements     Other \_\_\_\_\_

### AUTHORIZED SIGNER INFORMATION

Full Name

Position w/Company

Date of Birth

Social Security Number

Current Address (NO P.O. Boxes)

City

State

Zip

Mailing Address (If different)

City

State

Zip

Home Phone Number

Cell Number

Email

Driver's License Number

State

Issue Date

Exp Date

### AUTHORIZED SIGNER 2 INFORMATION

Full Name

Position w/Company

Date of Birth

Social Security Number

Current Address (NO P.O. Boxes)

City

State

Zip

Mailing Address (If different)

City

State

Zip

Home Phone Number

Cell Number

Email

Driver's License Number

State

Issue Date

Exp Date

**AUTHORIZED SIGNER 3 INFORMATION**

Full Name		Position w/Company	
Date of Birth		Social Security Number	
Current Address (NO P.O. Boxes)			
City	State	Zip	
Mailing Address (If different)			
City	State	Zip	
Home Phone Number	Cell Number	Email	
Driver's License Number	State	Issue Date	Exp Date

**DEPOSIT ACCOUNT INFORMATION**

Nature of Business		Amount of 1st Deposit
Does Business have Multiple Locations <input type="checkbox"/> No <input type="checkbox"/> Yes		Do you Anticipate Regular Cash Deposits or Withdrawals <input type="checkbox"/> No <input type="checkbox"/> Yes
Do You Anticipate Wire Transfers <input type="checkbox"/> No <input type="checkbox"/> Yes - International <input type="checkbox"/> No <input type="checkbox"/> Yes		

**Estimate Account Activity** - monthly volume for all accounts, please insure percentage total of 100%

Total Deposits: \$ \_\_\_\_\_

\_\_\_\_\_ % cash

\_\_\_\_\_ % checks

\_\_\_\_\_ % currency exchange

\_\_\_\_\_ % ACH

\_\_\_\_\_ % purchase cashiers checks,

\_\_\_\_\_ % domestic wire transfers

\_\_\_\_\_ % foreign wire transfers

100%

Total Withdrawals: \$ \_\_\_\_\_

\_\_\_\_\_ % cash

\_\_\_\_\_ % checks

\_\_\_\_\_ % currency exchange

\_\_\_\_\_ % ACH

\_\_\_\_\_ % purchase cashiers checks,

\_\_\_\_\_ % domestic wire transfers

\_\_\_\_\_ % foreign wire transfers

100%

**Documents needed to Identify Business**

- Sole Proprietor: Certificated of Assumed Name from the State of Minnesota
- Corporation: Articles of Incorporation and Certificate of Good Standing from the State of Minnesota
- Limited Liability Company: Articles of Organization and Certificate of Good Standing from the State of Minnesota
- Partnership: Partnership Agreement and Certificate of Good Standing from the State of Minnesota

Please let us know if you are interested in learning about our other products and services.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Business Online Banking | <input type="checkbox"/> EMV Debit Card                  | <input type="checkbox"/> eStatements                   |
| <input type="checkbox"/> Mobile Banking          | <input type="checkbox"/> Business Credit Card            | <input type="checkbox"/> Combined Statements           |
| <input type="checkbox"/> ACH Payroll             | <input type="checkbox"/> Merchant Credit Card Processing | <input type="checkbox"/> Safe Deposit Box              |
| <input type="checkbox"/> Remote Capture          | <input type="checkbox"/> Wire Transfers                  | <input type="checkbox"/> Business Loan/Lines of Credit |

I (we) certify that all information provided above is correct. I (we) also certify under penalty that the tax ID number or social security number(s) provided above is/are correct and that I am (we are not) subject to backup withholding under the internal revenue code. I (we) understand that additional information may be required before a decision can be made regarding this application. I (we) further understand that approval by Community Bank for any of the loan or deposit products is conditioned on my (our) agreement to abide by all terms and conditions contained in the applicable loan agreement and/or deposit agreements. I (we) further agree to return any access device for obtaining funds from any type of account upon demand by Community Bank.

Signature of Applicant	Date
Signature of Applicant	Date
Signature of Applicant	Date