

**Primary Business Information**

Business Name (including DBA's): \_\_\_\_\_

Business Type (Corp, LLC, etc): \_\_\_\_\_ Tax ID: \_\_\_\_\_

Business Address (Physical address, no P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Business Email \_\_\_\_\_ Website: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Description of Business: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Date Business Established: \_\_\_\_\_ Current Owner Since: \_\_\_\_\_ Number of Owners: \_\_\_\_\_

Annual Sales/Revenue: \$ \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Do you own and/or operate one or more privately-owned ATMs?:  Yes  No

**Managing Business Information**

Business Name: \_\_\_\_\_

Business Type (Corp, LLC, etc): \_\_\_\_\_ Tax ID: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Description of Business: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

**Managing Business Information**

Business Name: \_\_\_\_\_

Business Type (Corp, LLC, etc): \_\_\_\_\_ Tax ID: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Description of Business: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

**Business Structure Detail**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## General Instructions

### **Why are we asking for this information?**

To help the government fight financial crime, effective May 18, 2018 Federal regulation requires financial institutions to obtain, verify and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute those crimes.

### **Who must complete this form?**

The following information must be provided by the person opening a new account on behalf of a legal entity. For this form, a legal entity includes corporations, limited liability company, or other entity that is created by filing a public document with the Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

### **What information do I have to provide?**

The regulation requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners):

- (i) Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interest of the legal entity customer (e.g., each natural person that owns 25% or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., CEO, CFO, COO, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections. Thus, a completed form will contain the identifying information of at least one individual (under section (ii), and up to five individuals (i.e., one individual under section (ii) and four 25% equity holders under section (i)). The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

## Natural Person Opening Account

First Name: | Middle: | Last:

Title (Owner, Pres, Signer):

## Legal Entity for Which Account is Being Opened

Name:

Address:

City: | State: | ZIP Code:

## Beneficial Owner(s) - Section (i)

**1** First Name: | Middle: | Last:

Address:

City: | State: | ZIP Code:

% Ownership: | Date of Birth: | Social Security Number:

(Or Other identifying number and county of issuance for Foreign Persons.)

**2** First Name: | Middle: | Last:

Address:

City: | State: | ZIP Code:

% Ownership: | Date of Birth: | Social Security Number:

(Or Other identifying number and county of issuance for Foreign Persons.)

**3** First Name: | Middle: | Last:

Address:

City: | State: | ZIP Code:

% Ownership: | Date of Birth: | Social Security Number:

(Or Other identifying number and county of issuance for Foreign Persons.)

**4** First Name: | Middle: | Last:

Address:

City: | State: | ZIP Code:

% Ownership: | Date of Birth: | Social Security Number:

(Or Other identifying number and county of issuance for Foreign Persons.)

## Managing Person - Section (ii)

First Name: | Middle: | Last:

Address:

City: | State: | ZIP Code:

Date of Birth: | Social Security Number:

(Or Other identifying number and county of issuance for Foreign Persons.)

**#1 - Owner/Signer/Online User Information** - Please provide a copy of your Identification with this information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Title (Owner, Pres, Signer): \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Type of User:  Owner  Signer  Online User

**#2 - Owner/Signer/Online User Information** - Please provide a copy of your Identification with this information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Title (Owner, Pres, Signer): \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Type of User:  Owner  Signer  Online User

**#3 - Owner/Signer/Online User Information** - Please provide a copy of your Identification with this information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Title (Owner, Pres, Signer): \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Type of User:  Owner  Signer  Online User

**#4 - Owner/Signer/Online User Information** - Please provide a copy of your Identification with this information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Title (Owner, Pres, Signer): \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Type of User:  Owner  Signer  Online User

**#5 - Owner/Signer/Online User Information** - Please provide a copy of your Identification with this information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Title (Owner, Pres, Signer): \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Type of User:  Owner  Signer  Online User

**Additional Notes**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**#6 - Owner/Signer/Online User Information** - Please provide a copy of your Identification with this information

|   |             |                         |
|---|-------------|-------------------------|
| First Name:   | Middle:     | Last:                   |
| Title (Owner, Pres, Signer):  |             | E-mail:                 |
| Date of Birth:  |             | Social Security Number: |
| Home Phone: ( )   | Mobile: ( ) | Work: ( )               |
| Type of User: <input type="checkbox"/> Owner <input type="checkbox"/> Signer <input type="checkbox"/> Online User |             |                         |

**#7 - Owner/Signer/Online User Information** - Please provide a copy of your Identification with this information

|   |             |                         |
|---|-------------|-------------------------|
| First Name:   | Middle:     | Last:                   |
| Title (Owner, Pres, Signer):  |             | E-mail:                 |
| Date of Birth:  |             | Social Security Number: |
| Home Phone: ( )   | Mobile: ( ) | Work: ( )               |
| Type of User: <input type="checkbox"/> Owner <input type="checkbox"/> Signer <input type="checkbox"/> Online User |             |                         |

**#8 - Owner/Signer/Online User Information** - Please provide a copy of your Identification with this information

|   |             |                         |
|---|-------------|-------------------------|
| First Name:   | Middle:     | Last:                   |
| Title (Owner, Pres, Signer):  |             | E-mail:                 |
| Date of Birth:  |             | Social Security Number: |
| Home Phone: ( )   | Mobile: ( ) | Work: ( )               |
| Type of User: <input type="checkbox"/> Owner <input type="checkbox"/> Signer <input type="checkbox"/> Online User |             |                         |

**#9 - Owner/Signer/Online User Information** - Please provide a copy of your Identification with this information

|   |             |                         |
|---|-------------|-------------------------|
| First Name:   | Middle:     | Last:                   |
| Title (Owner, Pres, Signer):  |             | E-mail:                 |
| Date of Birth:  |             | Social Security Number: |
| Home Phone: ( )   | Mobile: ( ) | Work: ( )               |
| Type of User: <input type="checkbox"/> Owner <input type="checkbox"/> Signer <input type="checkbox"/> Online User |             |                         |

**#10 - Owner/Signer/Online User Information** - Please provide a copy of your Identification with this information

|   |             |                         |
|---|-------------|-------------------------|
| First Name:   | Middle:     | Last:                   |
| Title (Owner, Pres, Signer):  |             | E-mail:                 |
| Date of Birth:  |             | Social Security Number: |
| Home Phone: ( )   | Mobile: ( ) | Work: ( )               |
| Type of User: <input type="checkbox"/> Owner <input type="checkbox"/> Signer <input type="checkbox"/> Online User |             |                         |

**Additional Notes**

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|  |

## Existing Account Details

Current Bank Name(s):

How many checking accounts do you currently manage for your business?

Account Name (operating, payroll, etc):

# of Signers:

# Checks written:

Do you accept cash?  Yes  No

If yes, Monthly Volume:

Do you remotely create checks?  Yes  No

## Online Access

Do you currently access your account(s) via your banks online banking system?  Yes  No

If yes: How many online users do you have?

Do you use security tokens?  Yes  No

Access via mobile device?  Yes  No Do you currently use Positive Pay check verification services?  Yes  No

Do you currently utilize online bill pay through your bank?  Yes  No

If yes, estimate how many payees you have set up:

## Online Electronic Deposit Services

Do you own a check scanner?  Yes  No If yes: Brand?

Avg. number of deposits per week:

Avg. number checks per deposit:

Avg. \$ per deposit:

Segregation of duties (ie: one submits and one approves):

## ACH Origination (Online)

Do you currently originate ACH files?  Yes  No If yes, please provide the information below.

Daily Limit: \$ Monthly Limit: \$ Processing duties segregated? (ie: one employee initiates and another approves):  Yes  No

# Batches per Month: # Credit Entries per batch: # Debit Entries: \$ Volume per batch:

Do you use a third party software to create your batches?  Yes  No

If yes, Name:

## Wire Transfer

Do you currently initiate wire transactions?  Yes  No If yes, please provide the following information.

How do you initiate them?  Online  Branch Processing duties segregated? (ie: one employee initiates and another approves):  Yes  No

# of Domestic Wires monthly: # of Foreign Wires monthly: Average amount per wire: \$

If you send foreign wires, do you ever send them in foreign currency?  Yes  No Most common currencies:

Do you currently use wire templates?  Yes  No

If yes, Name:

## General Information

Do you currently have a credit card(s) in the business name?  Yes  No With whom?

How do you process payroll?  In-House  QuickBooks  Third Party (name)

What insurance company do you use for your commercial insurance?

Do you accept credit cards?  Yes  No If yes, what company handles your processing?

## Additional Notes

## Commercial New Account Document Requirements

### General documents required for all new accounts regardless of entity type:

- Copy of State issued Drivers' license for each signer
- Social Security number for each signer
- EIN/Tax ID for business

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### Below is a list of required documents by entity type.

*Note: If your business documentation has been filed in a State other than Texas please provide us with a filed copy or your authorization to transact business in Texas. This document may be obtained from the Secretary of State.*

#### **SOLE PROPRIETORSHIP:**

- Assumed Name Certificate (if applicable)

#### **PARTNERSHIP (LIMITED OR GENERAL):**

- Partnership Agreement
- Certificate of Partnership (limited only)
- Assumed Name Certificate (if applicable)
- Appropriate documentation for the General Partner if any

#### **CORPORATION:**

- Certificate of Incorporation
- Articles of Incorporation or Certificate of Formation
- Assumed Name Certificate (if applicable)
- By laws

#### **LIMITED LIABILITY COMPANY:**

- Articles of Organization/ Certificate of Formation
- Certificate of Organization
- Assumed Name Certificate (if applicable)
- Regulations/Operating agreement

#### **PROFESSIONAL ASSOCIATION OR NON-PROFIT:**

- Assumed Name Certificate (if applicable)
- By laws or Articles

#### **PROFESSIONAL CORPORATION:**

- Certificate of Incorporation
- Operating Agreement or by-laws
- Assumed Name Certificate, if any

#### **IOLTA (Tax ID Number 74-2354575):**

- Completed IOLTA Notice to Institution and Foundation
- Appropriate organization documentation and resolution

#### **Estate (all documents must be approved prior to account opening):**

- Certified copy of Death Certificate
- Letters of Testamentary

#### **TRUST ACCOUNTS:**

- Trust and any amendments

#### **MUNICIPAL ACCOUNTS:**

- Municipal Policy
- Municipal Resolution