

SANBORN SAVINGS BANK
Business Deposit Account Application

Date: _____

Account Number: _____

Checking Accounts

_____ Business Checking
_____ Business Basic Checking

Savings Accounts

_____ Business Savings
_____ Money Market Savings

Safe Deposit Box

_____ Small (3x5")
_____ Medium (5x5")
_____ Large (5x10.5")

Type of Business? (Circle One) Corporation Limited Liability Company Partnership (General/Limited)
Trust filed with Secretary of State (statutory trust) Charity Nonprofit Organization Unincorporated Association/Club

Name of Natural Person Opening Account: _____ **Title:** _____

Name and address of Legal Entity for which account is being opened:

Business Information (Required):

Business Name: _____

Employer Identification Number: _____ Type of Business: _____

Physical Street Address: _____

Mailing Address (if different): _____

City, State, Zip: _____

Business Phone: _____ Cell Phone: _____ Fax: _____

E-mail Address: _____ Website: _____

Additional Information: _____

Anticipated Business Activity (Required for New Accounts):

Average Cash Deposit Amount: \$ _____ 1-month ave. 3-month ave. 6-month ave.

Direct Deposits: Domestic volume/mo. \$ _____ International volume/mo. \$ _____

Mobile Deposit: Yes No If yes, anticipated monthly volume \$ _____

Wire Transfers: Yes No

If yes, Domestic volume/mo. \$ _____ International volume/mo. \$ _____

ACH Origination: Yes No

If yes, Domestic volume/mo. \$ _____ International volume/mo. \$ _____

Does your business engage in Internet Gambling: Yes No

Is there an ATM located in your business: Yes No

If yes, ATM owner: _____

Does your business cash checks for customers: Yes No

If yes, volume per day per person: \$ _____

Other office locations: _____

The following information for one individual with significant responsibility for managing the Legal Entity listed above, such as an executive officer or senior manager (e.g. CEO, CFO, COO, Managing Member, General Partner, President, VP, Treasurer); or any other individual who regularly performs similar functions.
(Not required to complete for Unincorporated Association/Clubs.)

First/Middle/Last Name: _____ Title: _____
Social Security Number: _____ Date of Birth: _____
Address: _____
Phone Numbers (Home/Cell): _____ Email: _____
(Internal use: Photo ID Red Flag OFAC)

Authorized Signers (Required):

Name: _____	Position/Office: _____
Name: _____	Position/Office: _____
Name: _____	Position/Office: _____
Name: _____	Position/Office: _____

Authorized Signers Personal Information (Required):

First/Middle/Last: _____	First/Middle/Last: _____
Social Security Number: _____	Social Security Number: _____
Date of Birth: _____	Date of Birth: _____
Address: _____	Address: _____
_____	_____
Phone (Home/Cell): _____	Phone (Home/Cell): _____
(Internal use: <input type="checkbox"/> Photo ID <input type="checkbox"/> Red Flag <input type="checkbox"/> OFAC)	(Internal use: <input type="checkbox"/> Photo ID <input type="checkbox"/> Red Flag <input type="checkbox"/> OFAC)

First/Middle/Last: _____	First/Middle/Last: _____
Social Security Number: _____	Social Security Number: _____
Date of Birth: _____	Date of Birth: _____
Address: _____	Address: _____
_____	_____
Phone (Home/Cell): _____	Phone (Home/Cell): _____
(Internal use: <input type="checkbox"/> Photo ID <input type="checkbox"/> Red Flag <input type="checkbox"/> OFAC)	(Internal use: <input type="checkbox"/> Photo ID <input type="checkbox"/> Red Flag <input type="checkbox"/> OFAC)

Owners (Owning 25% or More of Business) – Personal Information (Required):

(Not required to complete for Charities, Non-profit Organizations, or Unincorporated Association/Clubs.)

First/Middle/Last: _____ First/Middle/Last: _____

Social Security Number: _____ Social Security Number: _____

Date of Birth: _____ Date of Birth: _____

Address: _____ Address: _____

Phone (Home/Cell): _____ Phone (Home/Cell): _____

(Internal use: ___Photo ID ___Red Flag ___OFAC) (Internal use: ___Photo ID ___Red Flag ___OFAC)

First/Middle/Last: _____ First/Middle/Last: _____

Social Security Number: _____ Social Security Number: _____

Date of Birth: _____ Date of Birth: _____

Address: _____ Address: _____

Phone (Home/Cell): _____ Phone (Home/Cell): _____

(Internal use: ___Photo ID ___Red Flag ___OFAC) (Internal use: ___Photo ID ___Red Flag ___OFAC)

Certification of Beneficial Owners:

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I agree to notify you of any change in beneficial ownership information.

Signature: _____ **Date:** _____

For Bank use only:

- _____ W-9 for Employer ID#
- _____ Articles of Incorporation, Dated _____
(For LLC – Certificate of Organization, Dated _____ and Operating Agreement)
- _____ Corporate (or Other Entity) Resolution, Dated _____
- _____ Certificate of Internet Gambling
- _____ Printouts from Secretary of State website
- _____ Trade Name Filing (for D.B.A.'s): Yes No (\$7 for 1 page)
- _____ Thank you to business
- _____ Risk Review Assessment form completed
- _____ Add account to Risk Review spreadsheet
- _____ Tickler on account for 6-month review
- _____ If not using the Business Application form, complete Beneficial Ownership Form

Required for manager, all signers, and all beneficial owners owning 25% or more:

- _____ Photo ID
- _____ Red Flag checklist
- _____ OFAC check