

Business Account/Sole Proprietor/Non Profit  
New Account Worksheet

Branch # \_\_\_\_\_ Acct # assigned \_\_\_\_\_

Business/Entity Name: \_\_\_\_\_ Type/Nature of Business: \_\_\_\_\_  
\_\_\_\_\_

Street Address\*: \_\_\_\_\_

\*(Please note: PO Box holders **must furnish physical address** as well as mailing address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4: \_\_\_\_\_ - \_\_\_\_\_

Taxpayer ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ Cellular # \_\_\_\_\_

E-mail/website \_\_\_\_\_

Type of Account: \_\_\_\_\_

Amount of Opening Deposit: \$ \_\_\_\_\_

Source of Funds: Check \_\_\_\_\_ Cash \_\_\_\_\_ Internal Transfer: \_\_\_\_\_ (Account # \_\_\_\_\_)

Do you/will you cash checks for people? **Y or N**

Do you/will you perform wire transfer services (Moneygram, Western Union, etc.)? **Y or N**

Do you/will you sell money orders? **Y or N**

Types of deposits/withdrawals typically made? **Cash, Checks, Electronic, Wire Transfers (domestic or foreign), Other (more than one may be listed), if Other, specify:**

**The information I have provided is correct to the best of my knowledge. I authorize this financial institution to check credit and/or employment history should it be deemed necessary.**

X \_\_\_\_\_  
(Signature of authorized signer/owner/partner)

Date \_\_\_\_\_

*Bank Use Only*

*Copies to be forwarded to the Security Officer*

Branch: \_\_\_\_\_ Employee: \_\_\_\_\_

**This sheet must be accompanied by:**  
\_\_\_\_ Certificate of Incorporation/LLC-LLP Agreement  
\_\_\_\_ Corporate/Non-Profit Resolution  
\_\_\_\_ Trade or Fictitious Name Certificate (Sole Props)

OFAC   
Chexsystems   
Other (credit report, tax returns, etc.)

## Instructions to Complete the Worksheet

**The Employee Opening the Account will ask the questions and record the information. An authorized signer, owner or partner will sign at the bottom of the form.**

1. Branch Number (required)
2. Acct # assigned (required) USE FULL ACCT NUMBER
3. Business/Entity Name (required)
4. Type/Nature of Business (required): Grocery store, convenience store, florist, jewelry store, pharmacy, restaurant, gas station, etc.
5. Street Address (required): MUST BE A VALID STREET ADDRESS.
- 6, 7, 8. City, State, Zip + 4 (required)
9. Taxpayer ID# (required)
10. Business phone # (required)
11. Fax # (optional)
12. Cellular (optional)
13. Email/website (optional)
14. Type of Account (required): business checking, money market, savings, etc.
15. Amount of Opening Deposit (required): total amount of deposit.
- 16 Source of Funds (required): Check all that apply, attach a copy of the deposit ticket if more than one type of source is used.
17. Do you/will you cash checks for people? (required) Circle ONE
18. Do you/will you perform wire transfer services...? (required) Circle ONE
19. Do you/will you sell money orders? (required) Circle ONE
20. Types of deposits/withdrawals typically made? (required) Indicate what sorts of deposit/withdrawal activity can be expected.
21. Signature of authorized signer/owner/partner (required)
22. Date (required) Date of signature
23. Branch (required) Branch NAME
24. Employee (required) Printed name of Person opening the account.
25. This sheet must be accompanied by... (required) Include all supporting documentation used by the applicant to establish the account.
- 26, 27, 28. OFAC, Chexsystems, Other (required) Check off boxes of systems used to verify compliance.

### **\*\*IMPORTANT\*\***

**A copy of this form will be kept at the opening branch with copies of all supporting identifying documentation.**

**A copy of this form will be sent to the Security Officer with copies of all supporting identifying documentation.**