

## New Business Account Worksheet

Date: \_\_\_\_\_ Account: \_\_\_\_\_ Branch # \_\_\_\_\_

Name/Account Title: \_\_\_\_\_

Taxpayer ID # \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ \* Email Address \_\_\_\_\_

\* Website \_\_\_\_\_

### Type of Entity

- Sole Proprietorship     Corporation (Profit)     Corporation (Non-Profit)  
 Partnership     Limited Liability Company     Governmental Unit  
 Trust Account     Professional Association     Pension FDS/Escrow Acct  
 Unincorporated Association/Organization      
 Other \_\_\_\_\_

### Nature/Type of Business

(Convenience, Grocery, Retail, Restaurant, etc.)

Amount of Opening Deposit: \_\_\_\_\_ Source of Funds: \_\_\_ Check \_\_\_ Cash \_\_\_ Internal Transfer

**Deposit Activity anticipated:**  Less than \$ 500     \$500-\$1000     \$1000-\$2500     \$2500-\$5000     > \$5000

Check     Cash     ACH     Transfer     Wire     Other \_\_\_\_\_

#### **Anticipated amount of weekly cash:**

**Deposits:**     Less Than \$ 500     \$ 500-\$ 1000     \$1000-\$5000     Over \$ 5000

**Withdrawals:**     Less Than \$ 500     \$ 500-\$ 1000     \$1000-\$5000     Over \$ 5000

Is your business affiliated with online gambling?    Y or N

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

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

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

Will your business engage in HEMP or MARIJUANA related activities?    Y or N (STOP:CONTACT BSA)

**LOW RISK**

Long time customer, Non-Cash Intensive  
Local Business, Local Area

**MODERATE RISK**

Cash Intensive, Wire Transfers, Out of  
the local trade area, no local address

**HIGH RISK**

Cash Intensive, Foreign Wires, Atm/Cash  
Service, Pending TIN, Non Local

\*\*\*\*\*Business Account Documentation\*\*\*\*\*

DOCUMENT DATE \_\_\_\_\_ STATE INCORPORATED: \_\_\_\_\_

- Corporate Resolution       Sole Proprietorship Resolution       Certificate of Filing  
 Partnership Resolution       Assumed Name Certificate       Certificate of Formation  
 Trust Agreement       Resolution for Unincorporated Assn/Organization       SS4

Signature Agreement:       Out-date \_\_\_\_\_  In-date \_\_\_\_\_

\*\*\*\*\*Other Information\*\*\*\*\*

Check Order:       Single       Duplicates       Temporary Checks if needed

Style/Information \_\_\_\_\_

Date Ordered \_\_\_\_\_

Debit Card(s)       Yes      How many? \_\_\_\_\_       No

Privacy Notice Given: Yes      or      No      Internet Banking      Yes      No

\*\*\*\*\*Account Related Entities\*\*\*\*\*

Name \_\_\_\_\_

Address \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_ US Citizen       yes       no

DLN \_\_\_\_\_ Exp \_\_\_\_\_ Home # \_\_\_\_\_

Employer Info \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Account:       Owner       Beneficiary       Trustee       Authorized Agent

Name \_\_\_\_\_

Address \_\_\_\_\_

SSN \_\_\_\_\_ DOB \_\_\_\_\_ US Citizen       yes       no

DLN \_\_\_\_\_ Exp \_\_\_\_\_ Home # \_\_\_\_\_

Employer Info \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Account:       Owner       Beneficiary       Trustee       Authorized Agent

Does this customer's name appear on any government list? (OFAC)       NO       YES

If YES, please explain circumstances: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Clerk \_\_\_\_\_ Review \_\_\_\_\_

\*\*\*\*\*Account Related Entities\*\*\*\*\*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
SSN \_\_\_\_\_ DOB \_\_\_\_\_ US Citizen  yes  no  
DLN \_\_\_\_\_ Exp \_\_\_\_\_ Home # \_\_\_\_\_  
Employer Info \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to Account:  Owner  Beneficiary  Trustee  Authorized Agent

Name \_\_\_\_\_  
Address \_\_\_\_\_  
SSN \_\_\_\_\_ DOB \_\_\_\_\_ US Citizen  yes  no  
DLN \_\_\_\_\_ Exp \_\_\_\_\_ Home # \_\_\_\_\_  
Employer Info \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to Account:  Owner  Beneficiary  Trustee  Authorized Agent

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