



Port # \_\_\_\_\_

**Business New Account Information Sheet**

Business Name: \_\_\_\_\_  
 DBA (If applicable): \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Tax Identification #: \_\_\_\_\_ Type of Business Entity: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_

**Signer**

Customer Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
 City of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Primary ID Type: \_\_\_\_\_ Primary ID Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 We need a copy of Drivers License (State Issued Driver's License, US Passport, Military Issued Identification)  
 Secondary ID Type: \_\_\_\_\_ Last 4 Digits: \_\_\_\_\_ Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 (Debit Card, Major Credit Card, Major Department Store Credit Card, Gas Card)

**Account Expected Activity:**

Estimated monthly cash deposit volume: Amount \$ \_\_\_\_\_ Number of Deposits: \_\_\_\_\_  
 Estimated monthly cash withdrawal volume: Amount \$ \_\_\_\_\_ Number of Withdrawals: \_\_\_\_\_  
 Domestic Wires: Yes No  
 Foreign Wires: Yes No  
 Estimated monthly total incoming wire activity: Amount \$ \_\_\_\_\_ No. of Incoming Wires: \_\_\_\_\_  
 Estimated monthly total of outgoing wire activity: Amount \$ \_\_\_\_\_ No. of Outgoing Wires: \_\_\_\_\_  
 Estimated monthly purchase of cashier's checks : Amount \$ \_\_\_\_\_ No. of Cashier's Checks: \_\_\_\_\_  
 Do you have an ATM on site? Yes No  
 Estimated monthly incoming ACH activity: Amount \$ \_\_\_\_\_ No. of Incoming ACH: \_\_\_\_\_  
 Estimated monthly outgoing ACH activity: Amount \$ \_\_\_\_\_ No. of Outgoing ACH: \_\_\_\_\_  
 Estimated # of checks written per month: Amount \$ \_\_\_\_\_ No. of Written Checks: \_\_\_\_\_  
 Estimated # of monthly debit card transactions: Amount \$ \_\_\_\_\_ No. of Card Transactions: \_\_\_\_\_  
 Source of opening funds? \_\_\_\_\_  
 Is the business an MSB? Yes No  
 Purpose of Account? \_\_\_\_\_

For Bank Use	
Opening Deposit \$ _____	Date of Site Visit: _____
OFAC on Signers _____	Account Opened By: _____
OFAC on Business _____	Account Approved By: _____
Chexsystems _____	Superceded By: _____
Check Order _____	Call Back By: _____
Risk Rating _____	
NAICS Code _____	Debit Card <u>Yes</u> <u>No</u>