

  
**Business Account Application**

**Account #:** \_\_\_\_\_ **Account Opening Date:** \_\_\_\_\_  **New**  **Existing**  
**Account Type:**  Regular Checking  NOW  Savings  MMA  CD  IS/PIS

**Section I. Business Information**

**Legal Name of Business:** \_\_\_\_\_ **NAICS:** \_\_\_\_\_

**DBA:** \_\_\_\_\_ **Tax ID Number:** \_\_\_\_\_

**Business Address (Physical address):** \_\_\_\_\_

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

**Hold Mail?**  Yes  No

Statement  Notices  IRS Reporting  NSF Notices  Chargeback Notices  Analysis Statements  All Other Inquiries

**Business Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Type of Business:**  Corporation  LLC  Sole-Proprietorship  Partnership  Non-profit  Other: \_\_\_\_\_

**Nature of Business:**  Gas station  Grocery  Motel/Hotel  Restaurant

Real Estate Holding Company (Address: \_\_\_\_\_)

Any tenant operating Marijuana/Hemp related Business?  Yes  No

Other: \_\_\_\_\_

※ Please provide the customer base, and products/services for wholesale, consulting, import/export businesses and the practice areas for a law office.

**Section II. Business Operation Information**

**Does the business provide any of following services (Professional Service Providers)?**  No

Accounting  Insurance  Legal  Real estate  IOLTA  Other \_\_\_\_\_

**Does the business sell Lottery Tickets?**  Yes  No

**Is there an ATM on the Premise?**  Yes; # of ATM owned: \_\_\_\_\_  No

If yes, complete the ATM questionnaire for each ATM owned.

**Does the business provide Internet Gambling Services?**  Yes  No

**Is the business involved in the Marijuana industry?**  Yes  No

**Is the business a Hemp-related business?**  Yes  No

**Is the organization an embassy, foreign consulate, or foreign mission?**  Yes  No

If yes, what is the home country of the embassy, foreign consulate, or foreign mission? \_\_\_\_\_

**Is the business a Money Services Business (MSB) that is registered with FinCEN?**  Yes  No

If yes, please stop the A/C opening process. UniBank does not open new MSB account.

**Does the business provide services as an agent of MSB companies (ex. Western Union, MoneyGram)?**  Yes  No

If yes, provide contract/agreement with the MSB company, and complete MSB questionnaire.

**Do you depend, in whole or in part, on charitable donations and voluntary service for support?**  Yes  No

If yes, complete the Charities & Non-Profit Organizations questionnaire.

**Section III. Anticipated Account Activity**

**Services that you may be interested in:**

- ATM Debit card    Checkbook(s)    Credit Card    Online Banking/Bill Payment    Mobile Banking  
 Remote Deposit Capture    Cash Management

**Purpose of Account:**

- General Operating Funds    Payroll    Savings    Credit Card Processing    IOLTA/IOLA    Lottery  
 MSB (Agent) Activities    Other \_\_\_\_\_

**Expected Activities:**

**Deposits**

**Monthly Amount**

	None	\$0-\$1,000	\$1,001-\$3,000	\$3,001-\$5,000	\$5,001-\$10,000	\$10,001-\$20,000	\$20,001-\$50,000	\$50,001-\$100,000	\$100,001-\$200,000	\$200,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001+
Cash:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACH:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Wire:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Wire:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Deposit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Will you be using mobile/remote deposit capture to deposit your checks?    Yes    No

From which countries do you expect to receive wires?    N/A \_\_\_\_\_

Will the electronic transactions (ACH) be received from non-US locations?    Yes    No

If yes, from which countries do you expect to receive? \_\_\_\_\_

**Withdrawals**

**Monthly Amount**

	None	\$0-\$1,000	\$1,001-\$3,000	\$3,001-\$5,000	\$5,001-\$10,000	\$10,001-\$20,000	\$20,001-\$50,000	\$50,001-\$100,000	\$100,001-\$200,000	\$200,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001+
Cash:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACH:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Wire:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Wire:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Withdrawal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monetary Instrument Purchase:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATM Withdrawal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To which countries do you expect to send wires?    N/A \_\_\_\_\_

Will the electronic transactions (ACH) be sent to non-US locations?    Yes    No

If yes, to which countries do you expect to send? \_\_\_\_\_

**FOR VERBAL CONFIRMATION ONLY (Print name & Sign)**

Information obtained by:	Contact/Obtainment date:
Confirmed by:	Confirmed date:

## Section IV. Authorized Signers of Business

<b>Signer's Name (Last, First Mid)</b>		
<b>Social Security Number</b>		
<b>Date of Birth (MM/DD/YY)</b>		
<b>Mother's Maiden Name</b>		
<b>Signer's Physical Address</b> (NO PO BOX)		
<b>City, State &amp; Zip:</b>		
<b>Home Phone Number</b>		
<b>Cell Phone Number</b>		
<b>Email Address</b>		
<b>Driver's License</b>	# _____ State: _____ Issue date: _____ Exp. date: _____	# _____ State: _____ Issue date: _____ Exp. date: _____
<b>Passport</b>	# _____ Exp. date: _____ Issued by: _____	# _____ Exp. date: _____ Issued by: _____
<b>Other ID</b>	Type: _____ Exp. date: _____	Type: _____ Exp. date: _____
<b>Nationality</b>	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Resident Alien Country of citizenship: _____ <input type="checkbox"/> Non-resident Alien Type of US VISA: _____ Country of citizenship: _____ <input type="checkbox"/> Multiple Citizeships Countries: _____	<input type="checkbox"/> United States Citizen <input type="checkbox"/> Resident Alien Country of citizenship: _____ <input type="checkbox"/> Non-resident Alien Type of US VISA: _____ Country of citizenship: _____ <input type="checkbox"/> Multiple Citizeships Countries: _____
<b>Is this individual a Senior Foreign Political figure or immediate family member?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, must be approved by BSA Officer. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, must be approved by BSA Officer. _____
<b>Relationship to Business / Ownership (%)</b>		
<b>Occupation</b> (If this is <b>not</b> your primary source of income)		

**USA PATRIOT ACT: Important information about opening a new account.** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. **What this means for you:** When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

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

X \_\_\_\_\_  
(Signature of Authorized Signer)

X \_\_\_\_\_  
(Signature of Authorized Signer)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Online Banking Authorization

**By completing this form, you agree to be subject to the terms of UniBank Online Banking and Bill Pay Agreement. You can designate certain individuals to have access to Online Banking and Bill Pay features.**

A. If you want to have full access to all accounts with the Tax ID Number/SS Number above, please check the box below. This will include future new accounts.

Yes, I want to have full access to all my current and future accounts.

B. If you want to access only select loan and deposit accounts, please list those accounts below:

Account Number	Account Type
_____	_____
_____	_____
_____	_____
_____	_____

**Authorization to Access Online Banking:** The individual(s) listed below have been authorized by the company to conduct business via UniBank's Online Banking on behalf of the Company. The individual(s) will have access to the full range of Internet Banking at the Bank:

- Viewing all account information
- Paying loan accounts
- Making transfers between accounts
- Bill payment service

### Name of individual(s):

_____ Printed Name & Title	_____ Signature
_____ Printed Name & Title	_____ Signature
_____ Printed Name & Title	_____ Signature
_____ Printed Name & Title	_____ Signature

Account security is controlled by use of the Company's Internet Banking ID, Password and "One-time Passcode" and the Company agrees to protect the confidentiality of such information. Any information downloaded by the Company becomes the property and responsibility of the Company.

By signing below, the Company acknowledges reviewing the terms of UniBank's Online Banking & Bill Pay agreement and disclosures, and the Company agrees to be bound by them.

The undersigned represents that she or he is an authorized officer of the Company with full approval to name the authorized individual(s) listed above and to obligate the Company to the terms of this authorization form and referenced agreements.

Date: \_\_\_\_\_

Printed name of Authorized Officer/Title: \_\_\_\_\_

Signature of Authorized Officer: \_\_\_\_\_