


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 Property Management Other: _____

(If nature of business is **Property Management**, any tenant operating Marijuana/Hemp related Business? Yes No)

Beneficial Ownership: Self Other (Please identify): _____

Section II. Business Operation Information

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

Accounting Insurance Legal Medical Real estate IOLTA Other _____

Does the business sell Lottery Tickets? Yes No

If yes, what is the percentage of business derived from Lottery Tickets? _____%

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, complete the 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

Signer's Name (Last, First Mid)		
Social Security Number		
Date of Birth (MM/DD/YY)		
Mother's Maiden Name		
Signer's Physical Address (NO PO BOX)		
City, State & Zip:		
Home Phone Number		
Cell Phone Number		
Email Address		
Driver's License	# _____ State: _____ Issue date: _____ Exp. date: _____	# _____ State: _____ Issue date: _____ Exp. date: _____
Passport	# _____ Exp. date: _____ Issued by: _____	# _____ Exp. date: _____ Issued by: _____
Other ID	Type: _____ Exp. date: _____	Type: _____ Exp. date: _____
Nationality	<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 Citizenships 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 Citizenships Countries: _____
Is this individual a Senior Foreign Political figure or immediate family member?	<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. _____
Relationship to Business		
Occupation (If this is not 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: _____