

# Legal Entity Application for Business Account

## What type of account are you interested in today?

Checking     Savings     Money Market     Certificate of Deposit

Are you an existing customer of Home Banking Company?     Yes     No

Business Type:     Retail     Wholesale     Service Based     Non-Profit     Internet Based

### PART I

### BUSINESS INFORMATION

Name of Legal Entity: \_\_\_\_\_

EIN: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

What state(s) does the business operate in? \_\_\_\_\_

What is the purpose of the account (Operations, Payroll, etc.)? \_\_\_\_\_

Is this account an IOLTA account?     Yes     No

Is this account a Sole Proprietorship?     Yes     No

Type of Legal Entity (if applicable):     Partnership     Non-Profit     Trust     Other \_\_\_\_\_

LLC >>> If LLC, choose 1 of the following:    \_\_\_ C Corp    \_\_\_ S Corp    \_\_\_ Single Member    \_\_\_ Partnership

Corporation >>> If Corporation, choose 1 of the following:    \_\_\_ C Corp    \_\_\_ S Corp

If non-profit, what is the purpose of your non-profit organization? \_\_\_\_\_

*\*Complete Commercial Customer Certification Regarding Internet Gambling.*

Additional comments: \_\_\_\_\_

### PART II

### BANKING TRANSACTIONS ANTICIPATED

Cash     Checks     Debit Card Transactions     Wires     ACH Transactions

### PART III

### TYPES OF PRODUCTS ANTICIPATED

Checking     Savings     Certificate of Deposit     Loan

### PART IV

### MSB QUESTIONS

Will you be cashing checks at your location?     Yes     No

If yes, will you cash checks to any one person on any day more \$1,000.00?     Yes     No

If yes, are the only checks you cash issued by you for proceeds or payroll?     Yes     No

If yes, proceed with account opening.

If no, have you registered as a Money Service Business (MSB) with FinCEN and the applicable State Department of Financial Institution? If **yes**, provide evidence; if **no**, do not proceed with opening the account.

Do you plan to sell money orders, Travelers checks, etc.?  Yes  No

If yes, do you issue or sell to any one person, on any day more than \$1,000.00?  Yes  No

If yes, have you registered as a Money Service Business (MSB) with FinCEN and the applicable State Department of Financial Institution? If **yes**, provide evidence; if **no**, do not proceed with opening the account.

Are you a Dealer of Foreign Exchange?  Yes  No

If yes, do you exchange to any one person, on any day more than \$1,000.00?  Yes  No

If yes, have you registered as a Money Service Business (MSB) with FinCEN and the applicable State Department of Financial Institution? If **yes**, provide evidence; if **no**, do not proceed with opening the account.

Do you perform money transfer services (wire transfers, ACH) at your location for other people/businesses?

Yes  No

If yes, are you an agent for Western Union or similar?  Yes  No

If no, have you registered as a Money Services Business (MSB) with FinCEN and the applicable State Department of Financial Institution? If **yes**, provide evidence; If **no**, do not proceed with opening the account.

Do you sell Stored value cards/Prepaid Cards?  Yes  No

Type of Prepaid Card:  Reloadable  Closed Loop (i.e. gift card, prepaid phone card)

\*What is the daily limit? \_\_\_\_\_

Do you accept or plan to accept credit or debit cards for payment of goods or services?  Yes  No

#### PRIVATELY HELD ATMs

*\*Complete when customer has an ATM on premise not owned by a bank.*

Does the business have any private ATM machines located on the premises?  Yes  No

If so, does your business own or lease from another contractor? We will need:

- Copy of the ATM agreement with sponsoring entity
- Exact physical location(s) of the ATM(s)
- Copy of state registration (if required by state)
- Copy of three months ATM activity statements
- Description of currency servicing arrangements including: How is cash being replenished (store proceeds, armored car, etc.)

#### THIRD PARTY PAYMENT PROCESSORS

Do you process payments for another person or entity?  Yes  No

If yes, do not open the account.

#### CANNABIDIOL (CBD) OR HEMP

Do you intend to or do you currently grow, process, sell, or distribute products containing CBD or hemp?

Yes  No

If yes, do not open the account.

**Name (1):** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

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

SSN or ITIN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Identification (if applicable): \_\_\_\_\_

Phone Numbers: {Cell} \_\_\_\_\_ {Home} \_\_\_\_\_ {Work} \_\_\_\_\_

Email Address: \_\_\_\_\_

**Name (2):** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

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

SSN or ITIN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Identification (if applicable): \_\_\_\_\_

Phone Numbers: {Cell} \_\_\_\_\_ {Home} \_\_\_\_\_ {Work} \_\_\_\_\_

Email Address: \_\_\_\_\_

**Name (3):** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

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

SSN or ITIN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Identification (if applicable): \_\_\_\_\_

Phone Numbers: {Cell} \_\_\_\_\_ {Home} \_\_\_\_\_ {Work} \_\_\_\_\_

Email Address: \_\_\_\_\_

**Name (4):** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

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

SSN or ITIN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Identification (if applicable): \_\_\_\_\_

Phone Numbers: {Cell} \_\_\_\_\_ {Home} \_\_\_\_\_ {Work} \_\_\_\_\_

Email Address: \_\_\_\_\_

*\*See exemptions for documentation on business and exemptions for documentation on owners.*

Person opening an account on behalf of a legal entity must provide the following information:

A) Name & Title of Person Opening Account:

\_\_\_\_\_

B) Name & Type of Legal Entity for Which the Account is Being Opened:

\_\_\_\_\_

C) The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity listed above. Do not put entities.

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

3. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

4. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

*\*If no individual meets this definition, please write "Not Applicable".  
(Non-profit Corporations do not have 25% owner section, only Part d.)*

D) The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

*If appropriate, an individual listed under section (c) above may also be listed in this section (d).*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

*\*Complete Certification of Beneficial Owners Legal Entities Form.*