

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

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.*

PART I

BUSINESS INFORMATION

Sole Proprietorship: Name _____ DBA _____

SSN: _____

Entity Name: _____

EIN: _____

Physical Address: _____

Mailing Address (if different): _____

Phone Number: _____

Email Address: _____

Website: _____

What state(s) does the business operate in? _____

What is the date business was formed? _____

What services does the business provide? _____

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

What brought the customer to the bank? _____ ☐ Referred ☐ Advertisement ☐ Other

PART II

BANKING TRANSACTIONS ANTICIPATED

☐ Cash ☐ Checks ☐ Debit Card Transactions ☐ Wires ☐ ACH Transactions

Expected frequency and amount of cash deposits: _____

Expected frequency and amount of domestic wire transfers: _____

Expected frequency and amount of international wire transfers: _____

Expected frequency and amount of cash withdrawals: _____

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

Does the business have any private ATM machines, not owned by a bank, located on the premises?

☐ Yes ☐ No

IF **YES**, DO **NOT** OPEN THE ACCOUNT.

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 Marijuana, 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.*