



BANK OF KILMICHAEL

www.bankofkilmichael.com

BUSINESS ACCOUNT INFORMATION

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Business Checking Business Savings

OWNERSHIP OF ACCOUNT

Unincorporated Non-Business Association of Individuals Sole Proprietorship Partnership Limited Liability Company

Corporation: For Profit Not for Profit

Do you plan to sell money orders? Yes No

Do you plan to be a Money Service Business*? Yes No If Yes, please provide a copy of your registration form.

*To meet the definition of a Money Service Business (MSB), a person must provide check cashing or currency exchange services in an amount greater than \$1,000.00 for any person on any day in one or more transactions. You only have to have one(1) transaction to qualify as a MSB.

Do you plan to be a Check Cashier? Yes No

*A Check Cashier is any person engaged in retail sales of good and services who cashes checks at their face value for a fee not exceeding 3% of the face of the check or \$10.00 and does not exceed \$1,000.00 in any one day.

BUSINESS APPLICANT INFORMATION

Business Name: _____ Federal Tax ID Number (EIN): ____-____-____

Address: _____ Physical Address: _____

City: _____ State: _____ Zip: _____

Owner: _____ Date of Birth: ____/____/____ D/L: ____-____-____ Expiration: _____ State: _____

Owner: _____ Date of Birth: ____/____/____ D/L.: ____-____-____ Expiration: _____ State: _____

Home Phone: () _____ Business Phone: () _____ Fax Number: () _____

Authorized Signer(s): (ONLY these people will be allowed to sign checks for the business account.)

Signer: _____ Date of Birth: ____/____/____ D/L: ____-____-____ Expiration: _____ State: _____

Signer: _____ Date of Birth: ____/____/____ D/L: ____-____-____ Expiration: _____ State: _____

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I authorize you to check my credit account and employment history and/or have a credit reporting agency prepare a credit report on me, as an individual. I also authorize you to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Applicant's signature: _____

Co-applicant's signature: _____

CIP CHECKLIST

(for office use only)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Signers D/L or ID | <input type="checkbox"/> OFAC | <input type="checkbox"/> Chexsystems | <input type="checkbox"/> Visit to Business |
| <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Partnership Agreement | <input type="checkbox"/> Limited Liability | <input type="checkbox"/> Bylaws/Charter/Minutes |

Risk Assessment _____ by _____