

# Business Deposit Account Application

(Bank use) Account Number(s): \_\_\_\_\_



Today's Date: \_\_\_\_\_

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR 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 does this mean to you?** New rules under the Bank Secrecy Act will aid the government in the fight against crimes to evade financial measures designed to combat terrorism and other national security threats. Each time an account is opened for a covered Legal Entity, we are required to ask you for identifying information (name, address, date of birth, social security number and identification documents) for: each individual that has beneficial ownership (25% or more) in the Legal Entity; and, one individual that has significant managerial responsibility for the Legal Entity.

Business Information			
Full Legal Name of Business/Entity:		Tax ID No.	
DBA (if applicable):			
Physical Address of Business:			
Mail Address of Business (if different):			
Business Phone:		Main Contact:	
Ownership/Formation Type:		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Other:	
Description/Nature of Business:		Date Established:	<input type="checkbox"/> Retail? <input type="checkbox"/> Wholesale? <input type="checkbox"/> Service?
Estimated Annual Sales/Revenue	<input type="checkbox"/> Less than \$100,000 <input type="checkbox"/> \$500,000 - \$999,999	<input type="checkbox"/> \$100,000 - \$499,999 <input type="checkbox"/> \$1,000,000 - \$3,000,000	<input type="checkbox"/> greater than \$3,000,000

Owner(s) Information			
<b>Owner#1 info</b>			
Full Name:		Percentage of Ownership:	
Social Security Number:		Date of Birth:	
Residence Address:			
Mailing Address (if different from above):			
Home Phone:	Cell Phone:	Email:	
Driver's License or State ID #:			
State Issued:	Date Issued:	Expiration Date:	
Mother's Maiden Name:		City/Place of Birth:	
Check appropriate box: I am <input type="checkbox"/> an American Citizen <input type="checkbox"/> a Resident Alien <input type="checkbox"/> a Non – Resident Alien			
<b>Owner#2 info</b>			
Full Name:		Percentage of Ownership:	
Social Security Number:		Date of Birth:	
Residence Address:			
Mailing Address (if different from above):			
Home Phone:	Cell Phone:	Email:	
Driver's License or State ID #:			
State Issued:	Date Issued:	Expiration Date:	
Mother's Maiden Name:		City/Place of Birth:	
Check appropriate box: I am <input type="checkbox"/> an American Citizen <input type="checkbox"/> a Resident Alien <input type="checkbox"/> a Non – Resident Alien			

In accordance with provisions of the Unlawful Internet Gambling Act of 2006 and Regulation GG which are effective June 1, 2010, restricted transactions are prohibited from being processed through your account or relationship with the Bank. "Restricted transaction" means any transaction in which a person knowingly accepts, in connection with participation in unlawful internet gambling (i) credit or the proceeds of credit (ii) electronic funds transfers or funds transferred through a money transmitting business, or the proceeds from such transfers or (iii) checks, drafts, or any similar instruments. By signing below, the signers certify on behalf of the Business that it does not engage in internet gambling business.

**Business Details**

1. What is the main purpose of the accounts being opened today?		<input type="checkbox"/> Operating/General Purposes	<input type="checkbox"/> Savings/Investment
2. Does the business provide access to an Automated Teller Machine (ATM) onsite?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the business engage in lottery sales? If yes, provide the percentage of revenue _____%		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Will the business be involved in Internet Gambling related services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Will the business provide products or services relating to the sale or production of Marijuana?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does the business engage in any of the following (even as an agent for other company)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Prepaid Card Sales*	<input type="checkbox"/> Check Cashing for customers*	<input type="checkbox"/> Money Transmitter (i.e., wires, Western Union, etc.)	<input type="checkbox"/> Issuer/Seller of Money Orders or Travelers Checks*
<input type="checkbox"/> Foreign Currency Dealer*	<input type="checkbox"/> Casino or Card Club	<input type="checkbox"/> Insurance Sales	<input type="checkbox"/> Loan/Finance (i.e., Payday, Deferred Presentment, etc.)
<input type="checkbox"/> Dealers in Precious Metals/Stones/Jewels	<input type="checkbox"/> Pawnbrokers	<input type="checkbox"/> Credit Card System Operators	<input type="checkbox"/> Virtual Currency Exchanger/Dealer
7. If you checked any boxes with (*), have/or will the combination of these services ever aggregate to \$1,000 or more per customer per day?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered YES to the prior question, you are considered a Money Service Business (MSB). If you answered NO, please skip to question 11.			
8. Have you registered with FinCEN? (if yes, please provide a copy of registration)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Do you have written policies and procedures?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Who is your BSA Officer?			
11. Does the business receive donations as their primary source of income?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Does the business provide Professional Services (i.e., attorney, accountant, investments, etc.) that hold funds/conduct financial transactions for their clients?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Does the business provide payment-processing services for their clients (i.e., card processing)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**EXPECTED TRANSACTION VOLUME/SERVICES USED**

Does/Will your business use:	YES	NO	Average Transaction Amount	Frequency
ACH Transactions	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Payroll Services	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Coin/Currency	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Wire Transfers (domestic)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Incoming Wire Transfers (foreign)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Night Deposit	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Business Line of Credit	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Online Banking	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

What types of deposits will typically be made? (please check all that apply)

Cash                       Personal checks                       ACH                       Domestic wires                       Foreign wires

What will be the total of your monthly deposits (approximately)? \$

# of checks written each month: \_\_\_\_\_ # of deposits each month: \_\_\_\_\_

Estimated Average Cash Activity:    Cash deposits/month \$ \_\_\_\_\_                      Cash withdrawals/month: \$ \_\_\_\_\_

By signing below, you acknowledge and agree that all information is true & complete, that you have not made any misrepresentations, that Portage Bank has the right to verify the information provided, that Portage Bank is authorized to obtain a consumer credit report &/or check the credit rating & history of all applicants, and that you have received a copy of the terms of Portage Bank's Account Agreement & the disclosures contained within.

**Applicant #1**

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

**Applicant #2**

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