

Business Account Application					
□ New Member	□ New Member □ Existing Member				
Type of Account(s) app	lied for:				
☐ Checking Account ☐ Money Market Account ☐ Savings Account ☐ Certificate of Deposit					
Purpose of Account:					
General Business Info	rmation				
	Business Type:		Documents Needed:		
	□ Corporation		Articles of Incorporation, By-Laws		
Tong of Developes	☐ Limited Liability Company		Articles of Organization, Operating Agreement		
Type of Business	□Partnership		Partnership Agreement		
	☐Sole Proprietorship		Business License		
	□ Nonprofit (EIN required)		Organization Agreement/Account Authorization		
All businesses should b	e registered with the	ne Georgia S	ecretary of State with	h an Active/Com	pliance status
if business is conducted in the state of Georgia. Additional documentation may be requested.				d.	
Legal Business Name					
DBA or Trade Name (if applicable)					
Tax ID Number					
Street Address					
City		State		Zip	
Mailing Address (if different)					
City		State		Zip	
Business Phone		Mobile Pho		Website	
Please Describe the type of business the company is engaged in:					



Is your business engaged in any of the following types of business? $\ \square$ No $\ \square$ Yes Please check all that apply.				
☐ Convenience Store	☐ Liquor Store	☐ Travel Agency	□ Retail/Restaurant	
☐ Internet Gaming/Casino	□Nail Salon	☐ Marijuana Related	□Currency Exchange	
☐ Leather Goods Store	□Auctioneer	☐ Real Estate Broker	□Import/Export	
☐ Professional Services (i.e. Accountants, Attorneys, Title Company, Real Estate closing firms)				
□Car, Boat, Farm Equipment, Mobile Home, or Plane Dealership □Investment Broker				
□ Jewel, Gem, Precious Metals □ Spa Services □ Pawn Broker □ Privately Owned ATM				
□Other				
Is your business engaged in any of the following, in any transactions for any person for more than \$1,000 in cash in any one day? Please check all that apply.				
□ Currency Dealer or Currency Exchange □ Check Cashing □ Money Transmitter □ Issue of Traveler's Checks, Money Orders or Stored Value Cards				
Check all that apply:				
☐ Is this business involved or will it be involved in internet gambling or allow any bets and wager?				
□ Does your business sell, cash or exchange checks, traveler's checks or stored value products?				
(If yes, please provide a copy of any third-party agreements associated with these services.				
☐ Does your business convey funds electronically as a service on behalf of others?				
☐ Do you mine, manage, or sell Virtual Currency (e.g. BitCoin)?				
☐ Do you or will you have an ATM? (If yes, provide a copy of any third-party servicing agreement.)				
How will the ATM be replenished? Will the business sell lottery tickets or have coin operated lottery machines?				
(If yes, please provide authorization from the Georgia Lottery Commission.)				
If you did not check any of the items above, you will immediately notify the Bank if these services				
are added to your business.				



Expected Activity of Account you wish to open				
If the answer is yes to a	ny item below, al	so check dol	llar amount and transaction	range per month.
Cash Deposits	□Yes	□No	Cash Withdrawals	□Yes □No
□Under \$10,000	☐ < 5 transacti	ons	□Under \$10,000	\square < 5 transactions
□\$10,000 to \$25,000	☐ 5-10 transactions		□\$10,000 to \$25,000	☐ 5-10 transactions
☐More than \$25,000	☐ >10 transactions		☐More than \$25,000	☐ >10 transactions
Money Orders or	□Yes	□No	Check Cashing	□Yes □No
<u>Traveler's Checks</u>				
□ Under \$10,000	☐ < 5 transacti		☐ Under \$10,000	☐ < 5 transactions
□\$10,000 to \$25,000	☐ 5-10 transac	tions	□\$10,000 to \$25,000	☐ 5-10 transactions
☐More than \$25,000	☐ >10 transact	ions	☐More than \$25,000	☐ >10 transactions
ACH Debits	□Yes	□No	ACH Credits	□Yes □No
□ Under \$10,000	☐ < 5 transacti	ons	☐ Under \$10,000	\square < 5 transactions
□\$10,000 to \$25,000	☐ 5-10 transac	tions	□\$10,000 to \$25,000	☐ 5-10 transactions
☐More than \$25,000	☐ >10 transact	ions	☐More than \$25,000	\square >10 transactions
Incoming Wires	□Yes	□No	Outgoing Wires	□Yes □No
□Under \$10,000	☐ < 5 transacti	ons	□Under \$10,000	\square < 5 transactions
□\$10,000 to \$25,000	☐ 5-10 transac	tions	□\$10,000 to \$25,000	☐ 5-10 transactions
☐More than \$25,000	\square >10 transact	ions	☐More than \$25,000	☐ >10 transactions
Will you send wires or other electronic transfers (e.g. ACH) outside the United States?				
Will you send wiles of other electronic transfers (e.g. North outside the officed states.				
□Yes □No				
Country	Send/Receive	Purpose		Estimated \$ per month



IMPORTANT INFORMATION ABOUT PROCEDURES(S) FOR OPENING A NEW ACCOUNT:

To help the federal government fight financial crime, 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 and each individual who owns 25% or more of a legal entity that opens an account. When you open an account, we will ask for your name, physical 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. This form requires you to provide the name, address, date of birth, and social security number or other similar information. If you prefer, you may provide the social security number or tax ID number verbally to a customer service representative or account officer. Please provide information on all authorized signers, any individual that owns 25% or more of this business, and the person that makes decisions on behalf of the company below. ☐ Authorized Signer ☐ Beneficial Owner ☐ Person in Control of Company Official Title U. S. Citizen □Yes \square No Middle Name First Name Last Name Date of Birth **Employer** SSN **Street Address** City State Zip Home Phone Mobile Phone Work Phone State of Issue **ID Number ID** Type **Email Address Expiration Date** ☐ Beneficial Owner ☐ Authorized Signer ☐ Person in Control of Company U. S. Citizen Official Title □Yes \square No Middle Name First Name Last Name SSN Date of Birth **Employer** Street Address City State Zip Home Phone Mobile Phone Work Phone ID Number ID Type State of Issue **Expiration Date Email Address**



☐ Beneficial Owner	☐ Authorized Signer	☐ Person in Control of Company		
Official Title	U. S. Citizen	□Yes □No		
First Name	Middle Name	Last Name		
SSN	Date of Birth	Employer		
Street Address				
City	State	Zip		
Home Phone	Mobile Phone	Work Phone		
ID Type	State of Issue	ID Number		
Expiration Date	Email Address			
☐ Beneficial Owner	□ Authorized Signer	☐ Person in Control of Company		
Official Title	U. S. Citizen	□Yes □No		
First Name	Middle Name	Last Name		
SSN	Date of Birth	Employer		
Street Address				
City	State	Zip		
Home Phone	Mobile Phone	Work Phone		
ID Type	State of Issue	ID Number		
Expiration Date	Email Address			