



BUSINESS ACCOUNT APPLICATION

For Bank Use Only:

- New account
 Updating signers
 Changing account registration
 Other:

- Checking Cash Management (Internet Banking) Safe Deposit Box
 Savings Cash Management with ACH Origination Business Debit Card for Acct #
 Certificate of Deposit eStatements

Organization Details

Name of Entity or Individual (if DBA):

DBA: Registered under assumed name? Y or N

- Sole Proprietor Corporation Limited Liability Company Partnership Non-Profit, Club, Civic Org, Lodge, Association

To apply for EIN for banking purposes only go to www.irs.gov

State where organized: Date organized:

Tax Identification Number: Public Entity? Y or N

LLC Tax Classification (required for all LLCs): Disregarded Entity Partnership Corporation

Physical Address: City State Zip

Mailing Address: City State Zip

Primary Phone #: Fax #:

Contact Phone # for Shazam (if different from primary): Alt. Contact Phone # for Shazam:

Email: Website:

Description of Business:

Reason for choosing KSB:

- Authorized Signer Cardholder (card limit: \$) Authorized Signer Cardholder (card limit: \$)

Legal Name: Legal Name:

Title: Title:

Social Security Number: Social Security Number:

Date of Birth: Date of Birth:

Home Phone: Home Phone:

Cell Phone: Cell Phone:

Street Address: Street Address:

Mailing Address: Mailing Address:

Signature: Signature:

Date: Date:

By signing above, I certify that my business does not engage in any type of Internet Gambling activities.

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| | |
|---|---|
| <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Cardholder (card limit: \$ _____) | <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Cardholder (card limit: \$ _____) |
| Legal Name: _____ | Legal Name: _____ |
| Title: _____ | Title: _____ |
| Social Security Number: _____ | Social Security Number: _____ |
| Date of Birth: _____ | Date of Birth: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Street Address: _____ | Street Address: _____ |
| Mailing Address: _____ | Mailing Address: _____ |
| Signature: <i>By signing above, I certify that my business does not engage in any type of Internet Gambling activities.</i> | Signature: <i>By signing above, I certify that my business does not engage in any type of Internet Gambling activities.</i> |
| <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Cardholder (card limit: \$ _____) | <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Cardholder (card limit: \$ _____) |
| Legal Name: _____ | Legal Name: _____ |
| Title: _____ | Title: _____ |
| Social Security Number: _____ | Social Security Number: _____ |
| Date of Birth: _____ | Date of Birth: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Cell Phone: _____ | Cell Phone: _____ |
| Street Address: _____ | Street Address: _____ |
| Mailing Address: _____ | Mailing Address: _____ |
| Signature: <i>By signing above, I certify that my business does not engage in any type of Internet Gambling activities.</i> | Signature: <i>By signing above, I certify that my business does not engage in any type of Internet Gambling activities.</i> |

-----FOR BANK USE ONLY-----

Documents used to verify identity(not all documents required for all accounts- refer to matrix):

- Articles of Incorporation or Organization
- Certificate of Good Standing
- Sec of State Summary
- Fictitious Name Registration
- Certification of Sole Proprietorship
- Partnership Agreement
- Copy of Meeting Minutes or Officer Roster

Please document a resolution for any discrepancies:

Other documents required:

- OFAC on Business & Signers
- Photo ID of Signers
- Resolution
- Signature Card
- Debit Card Agreement (if applying for debit card)

Debit Card Approved by (name & date): _____

Is business a potential MSB? Y or N

Application processed by: _____ on: _____