



Commercial Account Application

TYPE OF OWNERSHIP:

- SOLE PROPRIETOR, PARTNERSHIP, S CORPORATION, LLC, OTHER, TRUST, ESTATE, C CORPORATION, NON-PROFIT ORGANIZATION

Business Information

Business Name, EIN, Operating Name/Trade Name/DBA, Type of Business, NAICS Code, Physical Address, City, State, ZIP, Mailing Address, City, State, ZIP, Phone, Fax Number, Email

Signer Information

OWNER, AUTHORIZED SIGNER, MEMBER, OTHER, First Name, Middle Initial, Last Name, Citizenship Status, Social Security Number, Date of Birth, Physical Address, City, State, ZIP, Mailing Address, City, State, ZIP, Home Phone, Cell Phone, Email, Driver's License #, Issuing State, Issue Date, Expiration Date, Employer Name, Work Phone, Occupation

Business Services

Table with 2 columns: Service Name (Online Banking, E-Statements, Bill Payment, ACH Origination, Merchant Services, Remote Deposit Capture, Night Depository, Sweep Account) and checkbox.



CUSTOMER RELATIONSHIP PROFILE

Anticipated Account Activity					
Deposits:	<input type="checkbox"/> Cash	<input type="checkbox"/> Checks	<input type="checkbox"/> ACH	<input type="checkbox"/> Wire	<input type="checkbox"/> All
Withdrawals:	<input type="checkbox"/> Cash	<input type="checkbox"/> Checks	<input type="checkbox"/> ACH	<input type="checkbox"/> Wire	<input type="checkbox"/> All
ATM Activity:	<input type="checkbox"/> Local	<input type="checkbox"/> Statewide	<input type="checkbox"/> Foreign	<input type="checkbox"/> None	<input type="checkbox"/> All
Will you be utilizing wire transfer services?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Do you have or expect to have a privately owned ATM?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, list service provider: _____		
Does your business have any relationship with a Marijuana Related Business (MRB)?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, provide the nature of your business relationship with the MRB. _____					
As part of your normal course of business, do you engage in any of the following activities?					
<ul style="list-style-type: none"> Cashing checks for other persons including customers and employees, issuing money orders to other persons in exchange for currency, accepting currency from other persons in exchange for funds transfer services such as wire transfers, request currency or change orders to exceed \$1,000.00 in any one business day? <input type="checkbox"/> Yes <input type="checkbox"/> No **If yes, are you registered as a Money Service Business (MSB)? <input type="checkbox"/> Yes <input type="checkbox"/> No Lottery sales, purchase or sale of recreational vehicles, the practices of law, medicine, or accounting? <input type="checkbox"/> Yes <input type="checkbox"/> No **If yes, are more than 50% of the business gross revenues derived from these activities? <input type="checkbox"/> Yes <input type="checkbox"/> No 					

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING ACCOUNTS:

TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, THE USA PATRIOT ACT REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON THAT OPENS AN ACCOUNT. FEDERAL LAW REQUIRES US TO OBTAIN SUFFICIENT INFORMATION TO VERIFY YOUR IDENTITY. WHEN YOU OPEN AN ACCOUNT WE WILL ASK FOR YOUR NAME, PHYSICAL AND MAILING ADDRESS, DATE OF BIRTH, TAXPAYER IDENTIFICATION NUMBER AND OTHER INFORMATION NEEDED TO IDENTIFY YOU. WE WILL ASK TO SEE YOUR DRIVER'S LICENSE AND OTHER FORMS OF IDENTIFICATION TO FULFILL THIS REQUIREMENT. IN SOME INSTANCES, WE MAY USE OUTSIDE SOURCES TO CONFIRM THE INFORMATION. OUR PRIVACY POLICY AND FEDERAL LAW PROTECT THE INFORMATION YOU PROVIDE. IF OUR INSTITUTION IS NOT ABLE TO VERIFY THE IDENTITY OF THE OWNER(S) OF THIS ACCOUNT WITHIN A REASONABLE TIME, IT MAY, AT ANY TIME, IN ITS SOLE DISCRETION, WITHOUT PROVIDING ADVANCE NOTICE, CLOSE THE ACCOUNT.

Application Agreement

I CERTIFY THAT THE INFORMATION COMPLETED ON THIS APPLICATION AND ON ANY ATTACHMENTS IS CURRENT AND ACCURATE. AUTHORIZE GENERATIONS BANK TO VERIFY THE INFORMATION AND TO OBTAIN FURTHER INFORMATION CONCERNING MY CREDIT HISTORY AND STANDING, DEPOSIT ACCOUNTS MAINTAINED AT OTHER INSTITUTIONS, AND EMPLOYMENT HISTORY. I ALSO UNDERSTAND THAT GENERATIONS BANK WILL RETAIN THIS ACCOUNT APPLICATION WHETHER OR NOT THIS ACCOUNT IS APPROVED AND OPENED.

TAXPAYER IDENTIFICATION NUMBER (TIN) CERTIFICATION – Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person, and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Business Representative Signature: _____ Date: _____

(If different from signer)

Signer Signature: _____ Date: _____

FOR OFFICIAL USE ONLY					
Opening Information					
<input type="checkbox"/> Primary Applicant EFunds/ChexSystems		<input type="checkbox"/> Secondary Applicant EFunds/ChexSystems		<input type="checkbox"/> Opened	<input type="checkbox"/> Declined
<input type="checkbox"/> In person, all parties present		<input type="checkbox"/> In person, not all parties present		<input type="checkbox"/> Other _____	
Amount of Deposit:	\$ _____	Source of Funds:	<input type="checkbox"/> Cash <input type="checkbox"/> Transfer <input type="checkbox"/> Loan Proceeds <input type="checkbox"/> Local Check	<input type="checkbox"/> Foreign Check _____	
Branch:	Employee:		Date:		
Bank Services					
<input type="checkbox"/> Harland Check Company <input type="checkbox"/> Debit Card <input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Telephone Banker <input type="checkbox"/> Night Drop Service <input type="checkbox"/> Other _____					
<input type="checkbox"/> Online Banking					

IF THE BUSINESS CUSTOMER HAS NOT REGISTERED AS A MSB, GIVE THEM A COPY OF THE BSA QUICK REFERENCE GUIDE FOR MSB'S. THEN FORWARD THE CUSTOMERS INFORMATION TO THE BSA OFFICER.

* Additional information is required for a Non-Resident Alien (NRA). Complete the NRA Information Sheet.

Non-Resident Alien Information

Applicant Information

First Name: _____ Middle Initial: _____ Last Name: _____
 Tax ID Number: _____ Date of Birth: _____
 Tax ID Status: Certified Exempt Tax Province: _____
 Tax Country: _____ (If Canada) _____
 Citizen Country: _____ Foreign Tax ID: _____

Additional Documentation:

- **W-8**

FOR OFFICIAL USE ONLY					
Addl Info 3 – Form W-8 Information					
NRA Indicator <input type="checkbox"/> I – Individual W-8BEN <input type="checkbox"/> E – Entity W-8BEN-E <input type="checkbox"/> O – Other W-8 Forms					
Certification (Issue) Date: _____ Expiration Date (System Calculated) – W-8 is good for 3 years					
<input type="checkbox"/> Reprint W-8BEN Notice (Check if NRA Indicator is I)					
<input type="checkbox"/> US Owners Documented (Only if NRA Indicator is E or O) <input type="checkbox"/> IRS FFI List – Verification Date (Only if NRA Indicator is E or O) _____					
<input type="checkbox"/> Recipient GIIN (Only if NRA Indicator is E or O)					
Addl Info 3 – Form 1042-S Information					
Tax Country		Tax Province (If Canada)		Citizen Country	
Chapter 3 Status (if Entity)		Chapter 4 Status (if Entity)		Foreign Tax ID (used on the IRS W8)	
Processed By					
Branch:		Employee:		Date:	