



OFAC Cleared:

BUSINESS ACCOUNT APPLICATION

Type of account and required documentation of authority: Check one

- Corporation, Unincorporated Association, Governmental Unit (Municipality), Sole Proprietorship, General Partnership, Limited Liability Company (LLC) with their respective requirements.

OFAC:

Full Legal Business Name: Tax I. D. Number/SSN:

Business Location: (Address)

Phone: Fax: E-Mail:

About Your Business:

Type of Business: (i.e. Restaurant) Date Established:

Account Purpose: (i.e. payroll, lottery, etc.) Business Website:

Expected Source of Deposits: (i.e. internet sales, donations, etc.)

Expected Type and Amount of Deposits: (i.e. cash, checks, ACH etc.) \$

Will this account be used for a private nonprofit organization? (nongovernmental) Yes No

If yes, what is the business purpose of your organization?

Is your business a professional service provider which may conduct or arrange for financial services to be performed on our clients behalf: (i. e. Investment services) Yes No

Our business will provide check cashing services for our customers in amounts greater than \$1,000: Yes No

Our business will provide currency exchange service for our customers in amounts greater than \$1,000: Yes No

Our business will provide privately owned ATM services for our customers: Yes No

Our business will be conducting international transactions: (if yes, at what frequency?) Yes No

Our business will sell the following in amounts greater than \$1,000: Money Orders Stored Value Cards Traveler's Checks

Using your Account:

Will this account be used in connection with a medical marijuana business? Yes No

Will this account be used for import/export activities (ex. purchase/sell equipment/supplies) Yes No

Will you use this account to: (Circle all that apply and the frequency you intend to use the service)

Make cash deposits or withdrawals > than \$1,000? N/A weekly monthly quarterly annually

Send or receive any domestic or foreign wires? N/A weekly monthly quarterly annually

Additional wire information, if applicable: \$ amount range country of origin:

**Unlawful Internet Gambling Enforcement Act**

In accordance with federal regulations, Mayville State Bank strictly prohibits the use of any account to conduct transactions, either directly or indirectly, for the purpose of unlawful Internet gambling. Transactions through the account that, including, without limitation, the acceptance or receipt of credit or other receipt of funds through an electronic funds transfer, or by check, draft or similar instrument, or the proceeds of any of the foregoing are prohibited. By signing below you certify that you do not and will not operate as an unlawful Internet gambling business.

*✎* **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**U.S.A. Patriot Act**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to verify and record the identity of each person and entity that opens an account. In addition to the completed application, Mayville State Bank will ask to see one non-expired government issued I.D. for all parties named on the account. We may also ask to see a secondary ID and other identifying documentation.

**Owner**      **Authorized Signer**

Name: \_\_\_\_\_ **OFAC:** \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Driver's License: \_\_\_\_\_ How long at this address? \_\_\_\_\_

Issuing State or Foreign Country: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current or Previous Employer: \_\_\_\_\_ Current or Previous Occupation: \_\_\_\_\_

*✎* **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner**      **Authorized Signer**

Name: \_\_\_\_\_ **OFAC:** \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

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Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current or Previous Employer: \_\_\_\_\_ Current or Previous Occupation: \_\_\_\_\_

*✎* **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(BELOW FOR BANK USE) L:\SHARED\FORMS\New Business Account Application 9-29-14

NEW ACCOUNT #: \_\_\_\_\_ ACCOUNT OPENED BY: \_\_\_\_\_

SOURCE OF FUNDS \$ \_\_\_\_\_ CIF#: \_\_\_\_\_

C= Cash     AT= Account Transfer     PC= Personal Check     BC = Business Check     PR = Payroll Check