



COMMERCIAL NEW ACCOUNTS APPLICATION

Opening Amount: _____ New Existing Date: _____
Branch Number: _____ Officer: _____ Due by: _____

Type of Account

CML Acct Analysis Small Business CML Now Acct IOLTA
 CML Savings Repo Sweep CML MMA Safe Deposit Box

CD Rate: _____ Term: _____ Maturity Date: _____
Interest Payable: Monthly Quarterly Semi Annually Annually At Maturity
Pay Interest By: Check Deposit to Acct #: _____ ACH Capitalize

Business Ownership Type: _____
Account Title: _____
Tax ID#: _____ Exempt: Yes No
Business Purpose /Description: _____
Physical Address: _____
Alternate Address: _____
If Different From Above) All Accounts Specific Accounts

Phone Number: _____ Email: _____ Website: _____

Customer 1 New Existing
Full Name: _____
Physical Address: _____
Alternate Address: _____
 All Accounts Specific Accounts
Social Security #: _____
Date of Birth: _____
ID Type and State: _____
Identification #: _____
(Photocopy Required)
Issue Date: _____
Expiration Date: _____
Home Phone#: _____
Mobile Number: _____
Email Address: _____
Occupation: _____
Title: _____
Work Phone #: _____
Previous Financial Institution: _____

Customer 2 New Existing
Full Name: _____
Physical Address: _____
Alternate Address: _____
 All Accounts Specific Accounts
Social Security #: _____
Date of Birth: _____
ID Type and State: _____
Identification #: _____
(Photocopy Required)
Issue Date: _____
Expiration Date: _____
Home Phone#: _____
Mobile Number: _____
Email Address: _____
Occupation: _____
Title: _____
Work Phone #: _____
Previous Financial Institution: _____

Federal Regulations require that the Bank have on file verification of customer's Identification. Please attach a copy.
 Online Banking Treasury Services Order Stamp Order Checks Order Deposit Tickets Order Debit Card

Customer 1 New Existing

Full Name: _____

Physical Address: _____

Alternate Address: _____
 All Accounts Specific Accounts

Social Security #: _____

Date of Birth: _____

ID Type and State: _____

Identification #: _____
 (Photocopy Required)

Issue Date: _____

Expiration Date: _____

Home Phone#: _____

Mobile Number: _____

Email Address: _____

Occupation: _____

Title: _____

Work Phone #: _____

Previous Financial Institution: _____

Customer 2 New Existing

Full Name: _____

Physical Address: _____

Alternate Address: _____
 All Accounts Specific Accounts

Social Security #: _____

Date of Birth: _____

ID Type and State: _____

Identification #: _____
 (Photocopy Required)

Issue Date: _____

Expiration Date: _____

Home Phone#: _____

Mobile Number: _____

Email Address: _____

Occupation: _____

Title: _____

Work Phone #: _____

Previous Financial Institution: _____

To Be Completed by Officer / Administrative Assistant

What type of transactions do you anticipate monthly?

Cash: Yes No Amount In: _____ Amount Out: _____

Wires: Yes No Amount In: _____ Amount Out: _____

Will You Purchase Cashier's Checks or Other Monetary Instruments? Yes No

Risk Assessment:

Address: _____ SSN/EIN: _____ ID: _____ Relationship: _____ Total Risk Rating: _____

Shareholder Director Advisory Director Officer Employee

Service Charge: Yes No

To Be Completed by Financial Services Representative

Account Number: _____

NAICS Code: _____

Opened by: _____

Date: _____

Verified by: _____

Date: _____

Scanned By: _____

Date: _____