



Member FDIC | Equal Housing Lender

[Privacy Statement](#)

## Business Deposit Account Application

First Name:

Last Name:

Submitted on:

### Important Information about Procedures for Opening a New Account

Identification Procedures Requirements: To help the government fight 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. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you and your business. Authorized signers, beneficial owners, and controlling parties will be required to submit copies of identification such as a driver's license.

Depending on the entity type, you will be required to supply business documents, such as Secretary of State Filing, SS-4 Form Verifying EIN, Operating Agreement, Partnership Agreement, or other business documents as needed.

### Security Notice:

You should ONLY fill out this Application on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now.

### Instructions:

1. Complete Application and click "Submit Application".
2. To safeguard your privacy, QUIT your browser and restart it again after using this form. This form is NOT saved in your computer's memory when you quit your browser.

To open an account with Peoples Bank, you must be a resident of the State of Missouri or a current customer of Peoples Bank. Before proceeding, please confirm your eligibility. (required)

- I am a Missouri Resident or current Peoples Bank customer. I am eligible to apply.
- I am NOT a Missouri Resident or current Peoples Bank customer. I am NOT eligible to apply.

### Business Entity Information

Business Name

Employee Identification Number (EIN)

Business Phone Number

Business Email

\_\_\_\_\_

<b>Business Type</b>	<input type="radio"/> DBA (Doing Business As) <input type="radio"/> Sole Proprietorship <input type="radio"/> LLC (Limited Liability Company) <input type="radio"/> Corporation <input type="radio"/> Association <input type="radio"/> Partnership <input type="radio"/> Other:
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<b>Nature of Business</b> <i>Examples: Restaurant, Construction, Real Estate, Lawyer, etc.</i>	
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<b>Business Mailing Address</b>	Address Line 1 <hr/> Address Line 2 <hr/> City _____ State _____ ZIP Code _____
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<b>Business Physical Address</b>	Address Line 1 <hr/> Address Line 2 <hr/> City _____ State _____ ZIP Code _____
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**Authorized Signer #1 Information**

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
_____	_____	_____

<b>Date of Birth</b>	<b>Social Security No.</b>	<b>Gender</b>
_____	_____	_____

<b>Drivers License (required)</b>	<b>DL Number</b>	<b>DL State of Issue</b>	<b>DL Issue Date</b>	<b>DL Expiration Date</b>
	_____	_____	_____	_____

<b>Citizenship</b>	<input type="radio"/> US Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien <input type="radio"/> Foreign Student
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Contact Information (required)	<b>Cell Phone</b>	<b>Home Phone</b>	<b>Work Phone</b>	<b>Email Address</b>
	_____	_____	_____	_____
Address Information	Address Line 1			
	Address Line 2			
	City	State	ZIP Code	
	_____	_____	_____	
Physical Address	Address Line 1			
	Address Line 2			
	City	State	ZIP Code	
	_____	_____	_____	
Employer Information (required)	<b>Employer Name</b>		<b>Occupation</b>	
	_____		_____	
<b>Authorized Signer #2 Information</b>				
<b>First Name</b>		<b>Middle Initial</b>	<b>Last Name</b>	
_____		_____	_____	
<b>Date of Birth</b>		<b>Social Security No.</b>	<b>Gender</b>	
_____		_____	_____	
Citizenship	<input type="radio"/> US Citizen			
	<input type="radio"/> Resident Alien			
	<input type="radio"/> Non-Resident Alien			
	<input type="radio"/> Foreign Student			
Drivers License Information (required)	<b>DL Number</b>	<b>DL State of Issue</b>	<b>DL Issue Date</b>	<b>DL Expiration Date</b>
	_____	_____	_____	_____
Contact Information (required)	<b>Cell Phone</b>	<b>Home Phone</b>	<b>Work Phone</b>	<b>Email Address</b>
	_____	_____	_____	_____
Mailing Address	Address Line 1			
	Address Line 2			
	City	State	ZIP Code	
	_____	_____	_____	

Physical Address	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Employer Information (required)	<b>Employer Name</b>	<b>Occupation</b>
	_____	_____

**Beneficial Owner Information**

Beneficial Owner Information (required) <i>Please list up to 4 individuals who directly or indirectly own 25% or more of the equity interest of the legal entity. List 1 individual with significant responsibility for managing the legal entity examples: CEO, President, CFO, etc.</i>	Name	% of Ownership	Is information same as above? Yes or No. If No, please fill out remaining Ben. Owner Sections.
	Beneficial Owner #1	_____	_____
Beneficial Owner #2	_____	_____	_____
Beneficial Owner #3	_____	_____	_____
Beneficial Owner #4	_____	_____	_____
Controlling Party	_____	_____	_____

Beneficial Owner Information (con't) (required) <i>Only fill out if Beneficial Information is different than owners</i>	Date of Birth	Physical Address	Social Security Number
	Beneficial Owner#1	_____	_____
Beneficial Owner#2	_____	_____	_____
Beneficial Owner#3	_____	_____	_____
Beneficial Owner#4	_____	_____	_____

Beneficial Owner Driver's License Information (required)	DL Number	DL State of Issue	DL Issue Date	DL Expire Date
	Beneficial Owner #1	_____	_____	_____
Beneficial Owner #2	_____	_____	_____	_____
Beneficial Owner #3	_____	_____	_____	_____
Beneficial Owner #4	_____	_____	_____	_____

Click [here](#) for more information regarding our Business Deposit accounts.

I/We would like to apply for the following account(s):

Checking Accounts	<input type="checkbox"/> Free Business Checking with Estatements <input type="checkbox"/> Business Performance Checking <input type="checkbox"/> Business Analysis Checking
Savings & Money Market Accounts	<input type="checkbox"/> Business Savings <input type="checkbox"/> Business Money Market Gold <input type="checkbox"/> Business Money Market Platinum
Certificate of Deposit	<input type="checkbox"/> 6 Month <input type="checkbox"/> 12 Month  <input type="checkbox"/> 18 Month <input type="checkbox"/> 24 Month  <input type="checkbox"/> 36 Month <input type="checkbox"/> 48 Month  <input type="checkbox"/> 60 Month
Account Services <i>Please select required services</i>	<input type="checkbox"/> All Services <input type="checkbox"/> Debit Card  <input type="checkbox"/> Online & Mobile Banking <input type="checkbox"/> Mobile Deposit (via app)  <input type="checkbox"/> Peoples Business Bill Pay <input type="checkbox"/> E-Statements  <input type="checkbox"/> Cash Management Services <input type="checkbox"/> Remote Deposit Capture Services  <input type="checkbox"/> Sweep Services

Additional Information

Please provide additional information/comments as needed	
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Driver's License Upload

**Drivers License Upload**  
*Please upload the FRONT of each DL for each signer and beneficial owner. If you have an address change on your DL, please upload a copy of the BACK as well.*

Please submit this information as an additional attachment.

**By submitting this application**, I (each person jointly and severally) apply for the account(s) and services chosen above. As an account owner, I am subject to all of its bylaws and rules as amended from time to time. I certify that all information given is accurate.

(required)

I/We AGREE with the above statement