



Member FDIC | Equal Housing Lender

[Privacy Statement](#)

Business Deposit Account Application

First Name:

Last Name:

Privacy Policy:

Our [privacy policy](#) protects the privacy of your personally-identifying information that you provide us online.

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.

Business Entity Information

Business Name	Employee Identification Number (EIN)	Business Phone Number	Business Email
<p>Business Type</p> <ul style="list-style-type: none"> <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: 			
<p>Nature of Business <i>Examples: Restaurant, Construction, Real Estate, Lawyer, etc.</i></p>			

Business Mailing Address	Address Line 1
	Address Line 2
	City _____ State _____ ZIP Code _____
Business Physical Address	Address Line 1
	Address Line 2
	City _____ State _____ ZIP Code _____

Authorized Signer #1 Information

First Name	Middle Initial	Last Name
_____	_____	_____

Date of Birth	Social Security No.	Gender
_____	_____	_____

Drivers License (required)	DL Number	DL State of Issue	DL Issue Date	DL Expiration Date
	_____	_____	_____	_____

Citizenship	<input type="radio"/> US Citizen
	<input type="radio"/> Resident Alien
	<input type="radio"/> Non-Resident Alien
	<input type="radio"/> Foreign Student

Contact Information (required)	Cell Phone	Home Phone	Work Phone	Email Address
	_____	_____	_____	_____

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)	Employer Name	Occupation
	_____	_____

Authorized Signer #2 Information

First Name	Middle Initial	Last Name
_____	_____	_____

Date of Birth	Social Security No.	Gender
_____	_____	_____

Citizenship	<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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Drivers License Information (required)	DL Number	DL State of Issue	DL Issue Date	DL Expiration Date
	_____	_____	_____	_____

Contact Information (required)	Cell Phone	Home Phone	Work Phone	Email Address
	_____	_____	_____	_____

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)	Employer Name	Occupation
	_____	_____

Beneficial Owner Information

	Name	% of Ownership	Is information same as above? Yes or No. If No, please fill out remaining columns.	Date of Birth	Physical Address	Social Security Number	Driver's License #	DL State of Issue	DL Issue Date	DL Expire Date
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>	Beneficial Owner #1	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Beneficial Owner #2	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Beneficial Owner #3	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Beneficial Owner #4	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Controlling Party	_____	_____	_____	_____	_____	_____	_____	_____	_____

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 <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

<p>Account Services Please select required services</p>	<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
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Additional Information

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

<p>Drivers License Upload Please upload the <i>FRONT</i> of each DL for each signer and beneficial owner. If you have an address change on your DL, please upload a copy of the <i>BACK</i> as well.</p>	<p>Please submit this information as an additional attachment.</p>
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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.

<p>(required)</p>	<input type="checkbox"/> I/We AGREE with the above statement
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