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 parites 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 eligibile to apply.

Business Entity Information

Business Name	Employee Identification Number (EIN)	Business Phone Number	Business Email

Business Type	◯ DBA (Doing Business As) ◯ Sole Proprietorship ◯ LLC (Limited Liabiltiy Company) ◯ Corporation ◯ Association ◯ Partnership ◯ Other:
Nature of Business *Examples: Restaurant, Construction, Real Estate, Lawyer, etc.*	
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

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

Citizenship	◯ US Citizen ◯ Resident Alien ◯ Non-Resident Alien ◯ 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	◯ US Citizen ◯ Resident Alien ◯ Non-Resident Alien ◯ Foreign Student			
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

Beneficial Owner Information (required) *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.*		**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) *Only fill out if Beneficial Information is different that owners*		**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	☐ Free Business Checking with Estatements ☐ Business Performance Checking ☐ Business Analysis Checking
Savings & Money Market Accounts	☐ Business Savings ☐ Business Money Market Gold ☐ Business Money Market Platinum
Certificate of Deposit	☐ 6 Month ☐ 12 Month ☐ 18 Month ☐ 24 Month ☐ 36 Month ☐ 48 Month ☐ 60 Month
Account Services *Please select required services*	☐ All Services ☐ Debit Card ☐ Online & Mobile Banking ☐ Mobile Deposit (via app) ☐ Peoples Business Bill Pay ☐ E-Statements ☐ Cash Management Services ☐ Remote Deposit Capture Services ☐ Sweep Services
Additional Information	
Please provide additional information/comments as needed	
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