Business Account

First Name: Last Name:

Submitted on:

Instructions:

Terms and Conditions

This is a secure account information collection tool only. We will require physical signatures and any other document requests we may have based on your request.

Privacy Policy:

Our privacy policy protects the privacy of your personally-identifying information that you provide us online.

Account Holders must reside in **New York state.**

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. We may also ask to see your driver's license or other identifying documents. We will also require documents that identify your business.

Security Notice:

You should ONLY fill out this Application online if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now. Please do not use Firefox or Internet Explorer.

Instructions:

1. Complete Application and click "Submit Application" or fax it to 315-638-9871.

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.

3. We will contact you with the location of our closest office and any other documentary requests we may have. You may also be requested to provide photocopies of your Driver's License or other identification.

Please click on the link to read and review the Business Online Terms and Conditions if you are requesting business online banking with your business deposit account opening.

Business Information

Business Name	Primary Contact Name	Primary Contact Title

Business Address (required)	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Business Phone	Business Fax	Primary Contact Email Address	Business Tax Id Number

Type of Business (required)	

Please Select an Account or Accounts to Open (required)	Simply Free Business ☐	Business Interest Checking ☐	Commercial Checking ☐	Not for Profit Checking ☐	Simple Business Savings ☐			
Additional Business Services: (required)	Merchant Services ☐	Online Banking ☐	ACH Origination ☐	Remote Check Scanning ☐	Mobile Deposit ☐	Debit Card ☐	Credit Card ☐	Business Loan ☐
How did you hear about us?								

Terms

The Internal Revenue Service does not require your consent to any provision of this document other than certification required to avoid backup withholding. See Taxpayer Identification Number Certification below.

Taxpayer Identification Number Certification: Under the penalties of perjury, I certify that

(1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

(2) I am not subject to backup withholding because

(a) I am exempt from backup withholding, or

(b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or

(c) the IRS has notified me that I am no longer subject to backup withholding as a result of failure to report all interest or dividends, or

(d) the IRS has notified me that I am no longer subject to backup withholding, and

(3) I am a U.S. person (including U.S. resident alien).

Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return unless you have received another notification form from the IRS that you are no longer subject to backup withholding.

I understand that if I do not provide a taxpayer identification number to **Seneca Savings** within sixty (60) days, then **Seneca Savings Bank, N.A.** is required to withhold twenty percent (20%) of all reportable payments thereafter made to me until I provide a number.

By submitting this application, I (each person jointly and severally) apply for the account(s) and Check/ATM card(s) listed above and a personal identification number. 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 correct. I understand and agree that for all accounts for / or, any one of us opens in the future is governed by this application, and all persons listed here will be owners, except as provided as follows: If I wish an account to have (as applicable) fewer, additional, or different owner(s), a completed, signed application for the specific account must be submitted to and accepted by **Seneca Savings Bank, N.A**.

I agree to the terms and conditions for any accounts or services that I have now or in the future, and as they change from time to time. I agree at any time you may request information from others about my credit or accounts and that you provide to others experience information about me or my accounts with **Seneca Savings Bank, N.A**.

Federal law requires that we obtain your consent before providing required disclosures electronically. Your consent will apply only to this transaction. If you prefer to recieve paper copies free of charge after consenting to recieve electronic disclosures please call (315) 638-0233 and request them. Because we may provide certain disclosures to you as soon as you consent, but prior to submitting your online application, you will not be able to withdraw your consent to recieve those disclosures electronically. However, you may withdraw your consent to recieve future disclosures electronically at any time. Such withdrawal will not affect the validity of the disclosures already given. For fee schedule click here.

I/We AGREE with the above statement. By clicking submit below I/WE wish to proceed with the application and acknowledge receipt of the above disclosures electronically. Submit is considered my/our electronic signature.

Seneca Savings offers a secure drop box feature for your convience. If you have any business documents such as those listed below that you would like to send us to expediate the account process please use this link Secure Document Drop Box.

Sole Proprietorships
1. Social Security Number of Sole Proprietor OR Federal Tax ID Number (TIN/EIN)
2. Valid government issued photo identification of owner
3. Copy of the Assumed Name Certificate filed with the clerk of the county in which the business is conducted IF operating under a name other than the proprietor's.

Partnerships
1. Federal Tax ID number of Partnership (TIN/EIN)
2. State of New York Verification at https://www.dos.ny.gov/corps/bus_entity_search.html and/or Assumed Name Certificate registered with the County Clerk's office in the county it conducts business
3. Complete Certification of Beneficial Owner(s) for each owner of 25% or more
4. At least ONE valid government issued photo identification of partner/signer that will have access to the account (must ultimately collect for all account signers)
5. Partnership Agreement and/or Certificate of Partnership

Limited Liability Companies (LLC)
1. Federal Tax ID Number of LLC (TIN/EIN)
2. State of New York Verification at https://www.dos.ny.gov/corps/bus_entity_search.html
3. Complete Certification of Beneficial Owner(s) for each owner of 25% or more
4. At least ONE valid government issued photo identification of signer that will have access to the account (must ultimately collect for all account signers)
5. Articles of Organization

Corporations
1. Federal Tax ID Number of Corporation (TIN/EIN)
2. State of New York Verification at https://www.dos.ny.gov/corps/bus_entity_search.html
3. Complete Certification of Beneficial Owner(s) for each owner of 25% or more
4. At least ONE valid government issued photo identification of signer that will have access to the account (must ultimately collect for all account signers)
5. Articles of Incorporation

Not-For-Profit Organizations and Associations
1. Federal Tax ID Number of Organization
2. State of New York Verification at https://www.dos.ny.gov/corps/bus_entity_search.html
3. At least ONE valid government issued photo identification of signer that will have access to the account (must ultimately collect for all account signers)
4. Board/officers meeting minutes indicating directive to open account (Letter form)
5. By-laws OR Resolution of Governing Rules and/or Letter of Authority naming officers who are authorized to open an account.