

# CENTRAL INFORMATION FILE ACCOUNT DATA SHEET (COMMERCIAL)

**APPLICATION:**

\_\_\_ Checking    \_\_\_ Savings    \_\_\_ CD    \_\_\_ Safe Deposit Box    \_\_\_ Money Market Savings

**Expected Services:**

\_\_\_ ATM    \_\_\_ Debit Card    \_\_\_ Money Order/Cashier's Checks    \_\_\_ EFTs/Wires/ACH

**CLASSIFICATION (CHECK ONE):**

\_\_\_ Sole Proprietorship    \_\_\_ Corporation (for profit)    \_\_\_ Limited Liability  
\_\_\_ Partnership    \_\_\_ Corporation (non-profit)    \_\_\_ Lodge/Association  
\_\_\_ Other (i.e. Club Accounts)    \_\_\_ S or C Corporation

**Is your business a Money Services Business? Do you offer any of the following services: \_\_\_ Yes \_\_\_ No**

- Currency Exchange (US/Canadian for over \$1,000 per Individual in one day)
- Check Cashing (over \$1,000 per Individual in one day)
- Issuer of any of the following: Traveler's Checks, Money Orders, Prepaid Cards (over \$1,000 per Individual in one day)
- Money Transmitter (wire transfers)

**Will you be involved in the growing, processing, selling, or distribution of marijuana or its derivatives?**

Yes \_\_\_ No \_\_\_

**Will you have an ATM Cash Machine? YES\_\_\_ NO\_\_\_ If yes, where will the funds come from for the ATM?**

**APPLICANT:** NOTE- Providing false information on the application is subject to possible perjury charges. M.S. 48.152, Subd. 2

Legal Name of Business Entity \_\_\_\_\_

Type/Description of Business \_\_\_\_\_

Full Name of Applicant \_\_\_\_\_

Full Name of Co-Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Country of Residence \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ 2<sup>nd</sup> Cell Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth (Co-Applicant) \_\_\_\_\_

Federal Tax Identification Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ SS# (Co-Applicant) \_\_\_\_\_

Drivers' License # \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_

Lic. # (Co-Applicant) \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_

Identification Document # \_\_\_\_\_ Description \_\_\_\_\_

**USA PATRIOT ACT** Customer Identification requirements: In accordance with Section 326 of the USA Patriot Act, applicants for new accounts are requested to provide current picture identification that verifies identity including name, address and other identifying information.

If you are opening a checking account, questions 1-4 must be answered. If you answered yes to 2(a) or 3, you may be denied a checking account. Disclosure of such reasons for denial will be given to the applicant in writing upon request. M.S. 48.152, Subd. 3.

1. (a) Have you had a checking account at the same or another financial institution within the immediate past 12 months? Yes or No \_\_\_\_\_

The name and address of that financial institution:

\_\_\_\_\_

(b) Was the account in good standing? Yes or No \_\_\_\_\_

2. (a) Have you had a previous checking account closed by a financial institution without your consent within the immediate past 12 months? Yes or No \_\_\_\_\_

If yes, the reason the account was closed:

\_\_\_\_\_

(b) Have you had a previous account in good standing within the past 5 years that was voluntarily closed? Yes or No \_\_\_\_\_

3. Have you been convicted of a criminal offense involving the use of a check within the past 24 months? Yes or No \_\_\_\_\_

4. Other Banks Used \_\_\_\_\_

**I believe the above information to be true and correct to the best of my knowledge.**

Applicant's Signature X \_\_\_\_\_ X \_\_\_\_\_

Date of Application \_\_\_\_\_ References \_\_\_\_\_

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**FOR BANK USE ONLY**

Early Warning \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Record? Yes or No

DL# (or other ID) Confirmed for Applicant? Yes or No Co-Applicant? Yes or No

Other Remarks \_\_\_\_\_