

## Commercial New Account Document Requirements

\* Note: If your business documentation has been filed in a State other than Texas, please provide us with a filed copy or your authorization to transact business in Texas. This document may be obtained from the Secretary of State.

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| <p><b>ALL:</b></p> <ul style="list-style-type: none"> <li>• Copy of State Issued Driver's License for Each Signer</li> <li>• Social Security Number for Each Signer</li> <li>• EIN/Tax ID for Business</li> </ul> <p><b>SOLE PROPRIETORSHIP:</b></p> <ul style="list-style-type: none"> <li>• Assumed Name Certificate (if applicable)</li> </ul> <p><b>PARTNERSHIP (LIMITED OR GENERAL):</b></p> <ul style="list-style-type: none"> <li>• Partnership Agreement</li> <li>• Certificate of Partnership (limited only)</li> <li>• Assumed Name Certificate (if applicable)</li> <li>• Appropriate Documentation for the General Partner, if any</li> </ul> | <p><b>CORPORATION:</b></p> <ul style="list-style-type: none"> <li>• Certificate of Incorporation</li> <li>• Articles of Incorporation or Certificate of Formation</li> <li>• Assumed Name Certificate (if applicable)</li> <li>• Bylaws</li> </ul> <p><b>LIMITED LIABILITY COMPANY:</b></p> <ul style="list-style-type: none"> <li>• Articles of Organization/ Certificate of Formation</li> <li>• Certificate of Organization</li> <li>• Assumed Name Certificate (if applicable)</li> <li>• Regulations/Operating Agreement</li> </ul> | <p><b>PROFESSIONAL ASSN OR NON-PROFIT:</b></p> <ul style="list-style-type: none"> <li>• Assumed Name Certificate (if applicable)</li> <li>• Bylaws or Articles</li> </ul> <p><b>PROFESSIONAL CORPORATION:</b></p> <ul style="list-style-type: none"> <li>• Certificate of Incorporation</li> <li>• Operating Agreement or bylaw</li> <li>• Assumed Name Certificate, if any</li> </ul> <p><b>IOLTA (Tax ID Number 74-2354575):</b></p> <ul style="list-style-type: none"> <li>• Completed IOLTA Notice to Institution and Foundation</li> <li>• Appropriate Organization Documentation and Resolution</li> </ul> | <p><b>ESTATE</b> (all documents must be approved prior to account opening):</p> <ul style="list-style-type: none"> <li>• Certified copy of Death Certificate</li> <li>• Letters of Testamentary</li> </ul> <p><b>TRUST ACCOUNTS:</b></p> <ul style="list-style-type: none"> <li>• Trust and any amendments</li> </ul> <p><b>MUNICIPAL ACCOUNTS:</b></p> <ul style="list-style-type: none"> <li>• Municipal Policy</li> <li>• Municipal Resolution</li> </ul> |
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## Primary Business Information

Business Name (Including DBA's):			NAICS Code:		
Business Type (Corp, LLC, etc):		EIN/Tax ID:			
Business Address (Physical Address – No P.O.Box):					
City:		State:	Zip:	Country:	
Mailing Address (If Different):					
City:		State:	Zip:	Country:	
Business Phone:		Bus. Email:		Website:	
Description of Business (Please be specific):					
Date Business Established:		Current Owner Since:		Number of Owners:	
Annual Sales/Revenue: \$			Number of Employees:		

## 1 Managing Business Information (Only Required if Primary Business is Owned/Managed by Another Business Entity)

Business Name:			NAICS Code:		
Business Type (Corp, LLC, etc):		EIN/Tax ID:			
Business Address (Physical Address – No P.O.Box):					
City:		State:	Zip:	Country:	
Description of Business (Please be specific):					

To list additional managing businesses, please go Appendix A on page 4 of this document.

## Business Structure Details / Notes (For multi-tier business structures, please detail the entity structure)

# Commercial Account Onboarding Form

Effective May 18, 2018 federal regulations require us to collect this information for all beneficial owners (any individual who owns directly or indirectly 25% or more of the company). There must also be one (1) individual designated as the managing person (the person with significant responsibility for managing the legal entity). Also, please complete a section below for each account signer and/or digital banking user. Please mark all that apply.

## 1 Owner/Signer/Online User

Type of User (Check all that apply):  Owner – % Ownership |  Managing Person |  Signer |  Online User

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Title (Owner/Pres/Signer): \_\_\_\_\_ Email: \_\_\_\_\_

Address (Physical Address – No P.O.Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Non-Resident Alien:  Yes  No | Date of Birth: \_\_\_\_\_ | Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

## 2 Owner/Signer/Online User

Type of User (Check all that apply):  Owner – % Ownership |  Managing Person |  Signer |  Online User

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Title (Owner/Pres/Signer): \_\_\_\_\_ Email: \_\_\_\_\_

Address (Physical Address – No P.O.Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Non-Resident Alien:  Yes  No | Date of Birth: \_\_\_\_\_ | Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

## 3 Owner/Signer/Online User

Type of User (Check all that apply):  Owner – % Ownership |  Managing Person |  Signer |  Online User

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Title (Owner/Pres/Signer): \_\_\_\_\_ Email: \_\_\_\_\_

Address (Physical Address – No P.O.Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Non-Resident Alien:  Yes  No | Date of Birth: \_\_\_\_\_ | Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

## 4 Owner/Signer/Online User

Type of User (Check all that apply):  Owner – % Ownership |  Managing Person |  Signer |  Online User

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Title (Owner/Pres/Signer): \_\_\_\_\_ Email: \_\_\_\_\_

Address (Physical Address – No P.O.Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Non-Resident Alien:  Yes  No | Date of Birth: \_\_\_\_\_ | Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

# Product/Services Questionnaire

Please complete this form based on your current services and volumes OR your anticipated services/volumes if this is a new entity. For any category that is zero, you must use the drop-downs and select a zero value.

## Bank Information

New Entity  Existing Entity Previous Bank Name(s): \_\_\_\_\_

Cash Deposits	#	<input type="text"/>	\$	<input type="text"/>
Cash Withdrawals	#	<input type="text"/>	\$	<input type="text"/>
External Transfer	#	<input type="text"/>	\$	<input type="text"/>
Monetary Instruments (e.g. Cashier's Checks)	#	<input type="text"/>	\$	<input type="text"/>

## Online Access – Do you currently use or anticipate using the following services

Desktop?  Yes  No | Mobile Access  Yes  No | Positive Pay  Yes  No | Online Bill Pay?  Yes  No

## Online Deposit Services

Remote Deposit Capture (RDC)  Yes  No | Mobile Deposit  Yes  No

RDC/Mobile In	#	<input type="text"/>	\$	<input type="text"/>
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## ACH Origination

Do you originate ACH files?  Yes  No | Do you use a third party to create your batches?  Yes  No

ACH In	#	<input type="text"/>	\$	<input type="text"/>
ACH Out	#	<input type="text"/>	\$	<input type="text"/>

## Wire Transfer

Do you initiate wire transactions?  Yes  No | Do you initiate wires in foreign currency?  Yes  No

Wire In Domestic	#	<input type="text"/>	\$	<input type="text"/>
Wire In International	#	<input type="text"/>	\$	<input type="text"/>
Wires Out Domestic	#	<input type="text"/>	\$	<input type="text"/>
Wires Out International	#	<input type="text"/>	\$	<input type="text"/>

## General Information

Do you currently have a credit card(s) in the business name?  Yes  No | Do you accept credit cards?  Yes  No

How do you process payroll?  In-House  QuickBooks  Third Party (name) \_\_\_\_\_

What insurance company do you use for your commercial insurance? \_\_\_\_\_

## Operational Information (Check all that apply.)

Are You a Cash Intensive Business?  Yes  No | Is this a Money Service Business?  Yes  No

Are You a Non-Bank Financial Institution  Yes  No | Are you a Charity or Nonprofit Organization?  Yes  No

Are you a Professional Service Provider (PSP)?  Yes  No | If Yes, select type. \_\_\_\_\_

## Appendix A – Managing Business Information

### 2 Managed Business Information (Only Required if Primary Business is Owned/Managed by Another Business.)

Business Name: \_\_\_\_\_ | NAICS Code: \_\_\_\_\_

Business Type (Corp, LLC, etc): \_\_\_\_\_ | EIN/Tax ID: \_\_\_\_\_

Business Address (Physical Address – No P.O.Box): \_\_\_\_\_

City: \_\_\_\_\_ | State: \_\_\_\_\_ | Zip: \_\_\_\_\_ | Country: \_\_\_\_\_

Description of Business: \_\_\_\_\_

### 3 Managed Business Information (Only Required if Primary Business is Owned/Managed by Another Business.)

Business Name: \_\_\_\_\_ | NAICS Code: \_\_\_\_\_

Business Type (Corp, LLC, etc): \_\_\_\_\_ | EIN/Tax ID: \_\_\_\_\_

Business Address (Physical Address – No P.O.Box): \_\_\_\_\_

City: \_\_\_\_\_ | State: \_\_\_\_\_ | Zip: \_\_\_\_\_ | Country: \_\_\_\_\_

Description of Business: \_\_\_\_\_

## Appendix B – Owner/Signer/Online User

### 5 Owner/Signer/Online User

Type of User (Check all that apply):  Owner – % Ownership |  Managing Person |  Signer |  Online User

First Name: \_\_\_\_\_ | Middle: \_\_\_\_\_ | Last: \_\_\_\_\_

Title (Owner/Pres/Signer): \_\_\_\_\_ | Email: \_\_\_\_\_

Address (Physical Address – No P.O.Box): \_\_\_\_\_

City: \_\_\_\_\_ | State: \_\_\_\_\_ | Zip: \_\_\_\_\_ | Country: \_\_\_\_\_

Non-Resident Alien:  Yes  No | Date of Birth: \_\_\_\_\_ | Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ | Mobile: \_\_\_\_\_ | Work: \_\_\_\_\_

### 6 Owner/Signer/Online User

Type of User (Check all that apply):  Owner – % Ownership |  Managing Person |  Signer |  Online User

First Name: \_\_\_\_\_ | Middle: \_\_\_\_\_ | Last: \_\_\_\_\_

Title (Owner/Pres/Signer): \_\_\_\_\_ | Email: \_\_\_\_\_

Address (Physical Address – No P.O.Box): \_\_\_\_\_

City: \_\_\_\_\_ | State: \_\_\_\_\_ | Zip: \_\_\_\_\_ | Country: \_\_\_\_\_

Non-Resident Alien:  Yes  No | Date of Birth: \_\_\_\_\_ | Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ | Mobile: \_\_\_\_\_ | Work: \_\_\_\_\_