

-BUSINESS DEPOSIT ACCOUNT APPLICATION-

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person and entity who opens an account. What this means for you: when you open an account, we will ask for your name, physical address, date of birth, taxpayer ID number and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.



Bank & Trust Company

www.banktr.com

800.930.3935

ABOUT YOUR BUSINESS

Business Account Name _____ Date Established _____

Doing Business As _____

Current Customer? ☐ Yes ☐ No If yes, please provide account number(s) if available _____

Tax/Employer Identification Number (or Social Security Number if none) _____

Street Address _____ Phone # _____

Mailing Address (if different) _____ Fax # _____

The above is a new address. Please apply to the following accounts:

CSR: ☐ CIF only ☐ CIF, all primary & single acct ownerships ☐ CIF, all accounts linked to CIF ☐ This account only

Business Web Address _____ Business Email _____

Type of Business Organization

☐ Organization-Unincorporated Non-Business Association of Individuals ☐ Sole Proprietorship ☐ Partnership ☐ Trust ☐ Estate

☐ Limited Liability Partnership ☐ Limited Liability Company ☐ IOLTA ☐ Corporation - Describe: ☐ For Profit ☐ Not for Profit

Briefly describe the nature of the business _____

Goods & Services provided _____

REQUIRED DOCUMENTS

The following documentation must be provided in order to open an account, and may vary based on the structure of the business. Any incomplete or missing documentation will cause a delay in opening your account.

One of the following documents based on your business type:

- ☐ Articles of Incorporation with a Certificate of Incorporation
- ☐ Articles of Organization with a Certificate of Organization
- ☐ Partnership Agreement
- ☐ Trust Agreement / Certificate of Trust
- ☐ Will / Letters of Testamentary or Administration

☐ Documentation verifying your Tax ID or EIN Number

Additional documentation based on your business type:

- ☐ Minutes / Letter of Direction
- ☐ Certificate of Good Standing / Sec. of State documentation
- ☐ Certificate of Assumed Name
- ☐ Corporate Bylaws or LLC Operating Agreement

ACCOUNT PURPOSE & ACTIVITY PROFILE

Account Purpose: ☐ Operating ☐ Payroll ☐ Escrow ☐ Other _____

Where does the business operate? ☐ Local

☐ Multi-state List states: _____

☐ National List region: _____

☐ International List countries: _____

Opening Deposit _____ Source of Deposit _____ Transferred From _____ Check if source is Public Funds ☐

Will your business maintain deposit accounts at other financial institutions? ☐ Yes ☐ No

Which financial institutions? _____

Does/Will any of your business be directly or indirectly related to selling or using marijuana/hemp? ☐ Yes ☐ No

Does/Will your business be carrying/selling any CBD products? ☐ Yes ☐ No If yes, acknowledge statement below.

Initial: _____ To the best of my knowledge none of the products that I carry exceed the limit of 0.3% THC set by the state and USDA. All the information or documentation I have received from vendors supplying my CBD products indicate they are below the 0.3% limit.

Do you provide services to companies who provide internet gambling? ☐ Yes ☐ No

Initial: _____ I hereby certify that my business does not engage in unlawful internet gambling.

All information provided in this section should be based on anticipated monthly activity.

Anticipated Total Deposits per month: Amount \$ _____ # of Transactions _____

Cash Deposits Cash Withdrawals Check Deposits ACH Credits ACH Debits

Amount \$ _____ Amount \$ _____ Amount \$ _____ Amount \$ _____ Amount \$ _____

of Transactions _____ # of Transactions _____ # of Transactions _____ # of Transactions _____ # of Transactions _____

Domestic Wires

Incoming

Outgoing

Amount \$ _____

Amount \$ _____

of Transactions _____

of Transactions _____

International Wires

Incoming

Outgoing

Amount \$ _____

Amount \$ _____


of Transactions _____


of Transactions _____


Anticipated countries receiving/sending wires: _____


Business Owner Information (Beneficial Ownership/Control Prong)

Please list any owners with at least **25%** portion of ownership. Also list persons authorized to transact business on this account. By providing an email address, you authorize us to contact you via email with bank-related communications. You are also authorizing the Bank to check your credit history.

Owner/Authorized Signer Name _____	Current Customer: <input type="checkbox"/> Yes  CSR: Attach Dr Lic Copy
Physical Address _____	Home Phone # _____
Mailing Address _____	Mobile Phone # _____
City, State, Zip _____	Work Phone # _____
Social Security Number _____	Date of Birth _____
Email _____	Receive Statement <input type="checkbox"/>
Employer _____	Occupation _____
Percent of Ownership _____ Wire Limit \$ _____	
Are you a US Citizen or US Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If no, you must complete IRS Form W-8 BEN</i>	
Security Answers Father's Middle Name _____	Favorite Hobby _____
Mother's Birth Month _____	
Bank Identification Number _____ <i>Must be 4 digits, cannot be part of your SSN</i>	

Owner/Authorized Signer Name _____	Current Customer: <input type="checkbox"/> Yes  CSR: Attach Dr Lic Copy
Physical Address _____	Home Phone # _____
Mailing Address _____	Mobile Phone # _____
City, State, Zip _____	Work Phone # _____
Social Security Number _____	Date of Birth _____
Email _____	Receive Statement <input type="checkbox"/>
Employer _____	Occupation _____
Percent of Ownership _____ Wire Limit \$ _____	
Are you a US Citizen or US Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If no, you must complete IRS Form W-8 BEN</i>	
Security Answers Father's Middle Name _____	Favorite Hobby _____
Mother's Birth Month _____	
Bank Identification Number _____ <i>Must be 4 digits, cannot be part of your SSN</i>	

Owner/Authorized Signer Name _____	Current Customer: <input type="checkbox"/> Yes  CSR: Attach Dr Lic Copy
Physical Address _____	Home Phone # _____
Mailing Address _____	Mobile Phone # _____
City, State, Zip _____	Work Phone # _____
Social Security Number _____	Date of Birth _____
Email _____	Receive Statement <input type="checkbox"/>
Employer _____	Occupation _____
Percent of Ownership _____ Wire Limit \$ _____	
Are you a US Citizen or US Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If no, you must complete IRS Form W-8 BEN</i>	
Security Answers Father's Middle Name _____	Favorite Hobby _____
Mother's Birth Month _____	
Bank Identification Number _____ <i>Must be 4 digits, cannot be part of your SSN</i>	

Owner/Authorized Signer Name _____	Current Customer: <input type="checkbox"/> Yes  CSR: Attach Dr Lic Copy
Physical Address _____	Home Phone # _____
Mailing Address _____	Mobile Phone # _____
City, State, Zip _____	Work Phone # _____
Social Security Number _____	Date of Birth _____
Email _____	Receive Statement <input type="checkbox"/>
Employer _____	Occupation _____
Percent of Ownership _____ Wire Limit \$ _____	
Are you a US Citizen or US Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If no, you must complete IRS Form W-8 BEN</i>	
Security Answers Father's Middle Name _____	Favorite Hobby _____
Mother's Birth Month _____	
Bank Identification Number _____ <i>Must be 4 digits, cannot be part of your SSN</i>	

For additional owners, principles, and signers, please use the separate sheet provided.  **Needed additional owners/signers page**

Please identify the individual with *significant responsibility* (control prong) for management of this legal entity:

Name of Control Prong _____

Is any signer, owner, or an immediate family member a senior official in a foreign government? ☐Yes ☐No

If yes, account opening approval will need to be

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Is your business interested in Online/Mobile Banking? ☐ Yes ☐ No Bill Pay (per month fee) ☐ Yes ☐ NoIf yes, is your business interested in any of our Cash Management Features? ☐ Yes ☐ No

Cash Management Features include: ACH Origination, Remote Deposit Capture, and/or Positive Pay

If 'yes,' fill out Page 6

OVERDRAFT SOLUTION

We offer the following Overdraft Solutions:

Automatic Transfer Service

Allows you to setup an automatic transfer to your overdrawn checking account from another checking, savings or line of credit (available to those who qualify) that you have at Bank & Trust Company. If your transfer account does not have enough money to cover the overdraft it will go to your next listed transfer from account to cover any unexpected mishaps.

Fees No fee unless you use the service or if your account is overdrawn \$10.00 or less. Each day a transfer is made your account will be charged an \$8.00 transfer fee. See the ATS Preauthorized Agreement for more detailed information.

 **CSR: Please discuss the following options with the customer.**
Overdraft Privilege

We will pay overdrafts of up to \$1500. Overdraft Privilege pays your checks, ACH items, automatic bill payments, and ATM and debit card transactions.

Fees No fee unless you use the service or if your account is overdrawn \$10.00 or less. A \$35 per item charge for each item whether the item is paid or returned with a maximum of \$245 per day.

This is available to those who qualify. Ask your New Acct Representative for more detailed information.

You may also decline any overdraft service.

SIGNATURE AND CERTIFICATION

I agree to the terms stated on this application. Further, Depositor authorizes Bank & Trust Company to obtain Depositor's creditor information, such as Depositor credit report at the Bank's choosing. By signing this deposit account application the undersigned acknowledges receipt of a copy of Bank & Trust Company's Funds Availability Policy and Electronic Funds Disclosure.

Certification: I certify under penalties of perjury that the statements contained in this application are correct and the Social Security Number or Taxpayer Identification Number shown is my correct Taxpayer Identification Number. I am not subject to backup withholdings as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. If this application is approved, the account will be subject to Bank & Trust Company's "Disclosures and Fees Schedule" Brochure.

Are you a U.S. Citizen or U.S. Resident Alien? ☐ Yes ☐ No. If no, you must complete IRS Form W-8 BEN.

Customer Signature _____ Date _____


THE SECTION BELOW IS FOR BANK USE ONLY☐ Business Basic # _____☐ Digital/E-statements☐ Certificate of Deposit☐ Business Small # _____☐ Combined Statements☐ Safe Deposit Box☐ Business Commercial # _____☐ Checks printed/ordered☐ Other _____☐ Business Money Market # _____

Overdraft Solutions:

☐ ATS ☐ AOD ☐ Decline☐ Multiple statement receivers☐ Business Savings # _____

CSR: Remember to ask the customer about the products listed above, if applicable.

COMMENTS/ADDITIONAL INFO:

 Watchdog/Real-Time ☐ Yes ☐ No Adverse Action Required ☐

 COMPLETED BY: _____ DATE: _____

Money Service Business Checklist

Filling out this page is only necessary if you answered 'yes' to any questions on the Money Service Business Info section on page 3.

Account opening approval will need to be obtained before opening an account.

Please complete this checklist form in its entirety and return it along with the application and all the required documentation to your Bank & Trust Company New Account Representative for submission to the approval process for review and consideration of account opening.

Business Account Name _____

Please Provide Documentation Required for Review:

- ☐ A full copy of the License(s)/Registration from the state you have registered your MSB. (Illinois does require MSBs to register)
- ☐ A full copy of the Registration of Money Services Business Form with the Financial Crimes Enforcement Network (FinCEN)
- ☐ A full copy of your procedures that show compliance with the Bank Secrecy Act (BSA) requirements, including record retention.
- ☐ A full copy of your procedures that show compliance with the Office of Foreign Assets Control (OFAC) requirements.

The name of the company or system used for OFAC Verification of the 'Pay to the Order' and 'Remitter':

- ☐ A full copy of your procedures that show you have sufficient controls to monitor for suspicious activity, including patterns of activity.

Please answer the following questions:

What markets does the business serve? (check all that apply)

☐ Local Market ☐ State wide ☐ International, please list countries _____

Will your business initiate or receive wires on behalf of your clients? ☐ Yes ☐ No

If yes, will any of these wires be international? List countries _____

What is the percentage of business derived from MSB activities? _____ %

Please list each vendor that provides MSB Services under agreement with your business.

Please be advised that if our financial institution decides to establish a relationship with your business, and in the event our financial institution determines your MSB presents a higher level of risk, we will require additional enhanced due diligence measures, including, but not limited to, random audits and on-site visit(s).

I affirm that the foregoing statements are true and correct and that I am an authorized representative of the above-named business entity and that I have full and complete authority to complete this questionnaire on behalf of said business entity.

 Signature _____ Date _____

Printed Name _____

CSR: _____ **Please check off the required documents listed above when received.**

- | | |
|---|--|
| <input type="checkbox"/> License/Registration form | <input type="checkbox"/> OFAC Procedures |
| <input type="checkbox"/> Registration of MSB Form, FinCEN | <input type="checkbox"/> Suspicious Activity Monitoring Procedures |
| <input type="checkbox"/> BSA Procedures | <input type="checkbox"/> All fields above are filled completely |

After scanning, submit all
forms to the BSA assistant.

CJN 9-12-2023

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Cash Management Application

Filling out this page is only necessary if you would like Cash Management services. (Online Services section, page 3.)

Company Information

Company Name _____
Address _____
City _____ State _____ Zip _____
TIN/SSN _____ Phone _____
Primary Contact for Account _____
Email Address _____
Type of Business _____ No. of Years _____

Administrator Information

(The Administrator will have administrative rights to all functions and must be an authorized signer on the account(s))

Administrator's Name _____
Address _____
City _____ State _____ Zip _____
TIN/SSN _____ Phone _____
Primary Contact for Account _____
Email Address _____

Account Information

Please check one: ☐ Include all company accounts or ☐ include only the following accounts:

_____ # _____ # _____ # _____ # _____

Cash Management Features

Enable Positive Pay: ☐ No ☐ Yes *No Monthly Fee*

Enable ACH Origination: ☐ No ☐ Yes *Monthly Fee Applies*

Enable Remote Deposit Capture: ☐ No ☐ Yes *Monthly Fee Applies*

Payment Account Deposit account to debit for fees: # _____

Positive Pay

of Checks per dep: _____
Max. dollar amt/file \$ _____
Daily limit \$ _____
Remote Deposit Acct.# _____

ACH Origination

Please check one:
Payroll ☐ Corporate Pmts ☐ Direct Debit ☐
of Transactions per file: _____
Max. dollar amt per file: \$ _____
Single item limit: \$ _____
Acct.# for ACH Origination _____

Remote Deposit Capture

of Checks per dep: _____
Max. dollar amt/file \$ _____
Daily amount limit \$ _____
Remote Deposit Acct.# _____

I authorize Bank & Trust Company to verify any information in this application and activate accounts listed above for Internet Banking Cash Management access. I authorize Bank & Trust Company to activate the features listed above. I understand that I will serve as the Cash Management Administrator and I am responsible for administering the sub-users of this cash management and will be given access to create and to specify their permissions to the accounts and functions within Cash Management. The use of Cash Management shall be governed by the terms and conditions of the ACH Origination Agreement, Corporate Payment Agreement, Remote Deposit Capture Agreement, and Online Banking Disclosures and such other terms and conditions or amendments thereto, as may be established by Bank & Trust Company. I authorize any fees associated with this service to be automatically debited from the Payment Account each month. I authorize Bank & Trust Company to request a credit bureau report in my name. Upon request, I agree to provide financial information to approve ACH Origination and Report Deposit Capture. I agree to provide a resolution authorizing the use of Cash Management.

Authorized Signature _____ Date _____
Printed Name _____

Business Owner Information (Beneficial Ownership/Control Prong)**This page is a continuation from page 3 as needed**

Please list any owners with at least 25% portion of ownership. Also list persons authorized to transact business on this account. By providing an email address, you authorize us to contact you via email with bank-related communications. You are also authorizing the Bank to check your credit history.

Owner/Authorized Signer Name _____	Current Customer: <input type="checkbox"/> Yes	! CSR: Attach Dr Lic Copy
Physical Address _____	Home Phone # _____	
Mailing Address _____	Mobile Phone # _____	
City, State, Zip _____	Work Phone # _____	
Social Security Number _____	Date of Birth _____	
Email _____	Receive Statement <input type="checkbox"/>	Percent of Ownership _____ Wire Limit \$ _____
Employer _____	Occupation _____	Are you a US Citizen or US Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>If no, you must complete IRS Form W-8 BEN</i>
Security Answers Father's Middle Name _____	Favorite Hobby _____	Mother's Birth Month _____
	Bank Identification Number _____	<i>Must be 4 digits, cannot be part of your SSN</i>

Owner/Authorized Signer Name _____	Current Customer: <input type="checkbox"/> Yes	! CSR: Attach Dr Lic Copy
Physical Address _____	Home Phone # _____	
Mailing Address _____	Mobile Phone # _____	
City, State, Zip _____	Work Phone # _____	
Social Security Number _____	Date of Birth _____	
Email _____	Receive Statement <input type="checkbox"/>	Percent of Ownership _____ Wire Limit \$ _____
Employer _____	Occupation _____	Are you a US Citizen or US Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>If no, you must complete IRS Form W-8 BEN</i>
Security Answers Father's Middle Name _____	Favorite Hobby _____	Mother's Birth Month _____
	Bank Identification Number _____	<i>Must be 4 digits, cannot be part of your SSN</i>

Owner/Authorized Signer Name _____	Current Customer: <input type="checkbox"/> Yes	! CSR: Attach Dr Lic Copy
Physical Address _____	Home Phone # _____	
Mailing Address _____	Mobile Phone # _____	
City, State, Zip _____	Work Phone # _____	
Social Security Number _____	Date of Birth _____	
Email _____	Receive Statement <input type="checkbox"/>	Percent of Ownership _____ Wire Limit \$ _____
Employer _____	Occupation _____	Are you a US Citizen or US Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>If no, you must complete IRS Form W-8 BEN</i>
Security Answers Father's Middle Name _____	Favorite Hobby _____	Mother's Birth Month _____
	Bank Identification Number _____	<i>Must be 4 digits, cannot be part of your SSN</i>

The business entity listed on Page One of this application hereby applies for one or more Bank & Trust Company VISA® business check card(s) to be issued for the account (s) to the Cardholder(s) listed below. Each Cardholder will be deemed to be an authorized signer with respect to the account(s) for purposes of using the Card issued to him/her. If approved, issuance of the Card(s) will be subject to the limits and other conditions and restrictions established from time to time by the Bank, which will be provided to Applicant. Applicant will indemnify the Bank and hold it harmless from any and all claims resulting out of the issuance or usage of any Card(s) issued on the above account. The Bank, in its sole discretion, reserves the right to issue, revoke, and/or limit the use of any Card(s) at any time.

Cardholder #5 Name _____ Mail Card to Cardholder Address ☐ or Business Address ☐

BANK USE ONLY: Card Number _____

Cardholder #6 Name _____ Mail Card to Cardholder Address ☐ or Business Address ☐

BANK USE ONLY: Card Number _____

Cardholder #7 Name _____ Mail Card to Cardholder Address ☐ or Business Address ☐

BANK USE ONLY: Card Number _____