Liberty Bank

Date _____ Account Number(s) _____

☐ New Customer ☐ Existing Customer/New Account ☐ Existing Account/Changing Signers

Account Type:

- ☐ Business Essential Checking
- ☐ Premium Business Checking
- ☐ Analysis Checking
- ☐ Community Checking
- ☐ IOLTA
- ☐ IRETA
- ☐ Safe Deposit Box
- ☐ Business Money Market
- ☐ Premium Business MM
- ☐ Business Savings
- ☐ Certificate of Deposit

Term: _____

APY: _____

Account Services:

- ☐ Visa Debit Card
- ☐ Online Banking
  - ☐ ACH
  - ☐ Wires
- ☐ Overdraft Protection
- ☐ _____
- ☐ _____
- ☐ Sweeps
- ☐ Remote Deposit Capture
- ☐ Merchant Card Services
- ☐ Business Credit Card

Business Account Application

☐ Business Documents (Business License, Operating Agreement, etc.)

Business Name		TIN
Business Physical Address	City, State	Zip
Business Mailing Address	City, State	Zip
Primary Phone	Secondary Phone	Fax
Email Address		Date Business Started / NAICS Code
Type of Business	Primary Trade Area	# of Locations / # of Employees

"to better understand your needs…"

What is the purpose of this account? (i.e. payroll, operating, taxes, etc)

Avg Monthly Balance:	Avg $ Cash Deposit:	Avg $ Cash Withdrawal:

# of ACHs/month:	Average $ ACH/each:	ACH Origin:	☐ U.S. ☐ Non-U.S.	Purpose of ACH:
# of Wires/month*:	Average $ Wire/each:	☐ Incoming ☐ Outgoing	☐ U.S. ☐ Non-U.S.	Purpose of Wire:
# of Cashiers Checks/month:	Avg $ of each Cashiers Check:			Purpose of Cashiers Check:

Will the business provide any of the following services? Check all that apply.

- ☐ Cash Checks for customers
- ☐ Sell Money Orders
- ☐ Own or operate private ATM
- ☐ Sell Lottery tickets
- ☐ Sell gift Cards
- ☐ Send or receive wire transfers on behalf of customers

If any of the above boxes are checked, please explain:

Reg. GG: We hereby acknowledge and certify that our business does not engage nor participate in internet gambling or illegal internet gambling activities. If our business model changes we will notify the bank of said changes. **Initials** _____

Controlled Substance: We hereby acknowledge and certify that our business or tentant of our business, does not engage nor participate in the cultivation, manufacturing or sale of a controlled substance (including marijuana). **Initials** _____

- - - Bank Use Only - - -

Source of funds:	Opening Deposit:	BSA-Risk Code:

☐ BizChex/OFAC ☐ SOS/DOR ☐ Checks Ordered ☐ Sweeps ☐ OD Protection ☐ DCI Updated

Uploaded/Completed By _____ Date _____

New Account Audit Record

☐	Business Name	☐	Trade Area/# of Loc	☐	Reg GG Initialed	☐	Beneficial Owner Cert	Comments:
☐	TIN/SSN	☐	Account Number(s)	☐	Controlled Subst. Initialed	☐	Supporting Documents	
☐	Address/Phone	☐	ChexSystems/OFAC	☐	BSA Boxes completed	☐	*Wire Transfer Agreement	
☐	Business Date	☐	Purpose of Account	☐	How funded & total	☐		
☐	Business Type	☐	Transaction types/amount	☐	Sig Card Signed	☐		

Audited by _____ Date _____