



BUSINESS APPLICATION

Important information about procedures for opening a new account as required by the USA PATRIOT ACT. 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. **MEMBER FDIC**

BUSINESS INFORMATION

Business Name _____ TIN _____

DBA Name (if applicable) _____ Number of Years in Business _____

Physical Address (no PO Boxes) _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Business Phone _____ Cell Phone _____ Fax _____

Email Address _____

Business Type: Sole Proprietorship Partnership Limited Liability Company (LLC) Limited Liability Partnership (LLP) Association Corporation (Inc) Non-Profit Corporation (Inc) Organization Estate Trust Other: _____

Nature of Business _____
(of the services you provide, example convenience store, car dealership, landscaping, etc)

Name of Primary Business Contact: _____

BUSINESS QUESTIONS

Do you intend to use this account for illegal online gambling?
 YES NO

ONLINE BANKING INFORMATION

Online Banking YES NO (standard access, only one sign on)

Mobile Deposit* YES NO
What type of device? Mobile Phone Flatbed Scanner *A fee of \$0.50 per item is charged

OR

Online Business Management Access*** YES NO (multiple users with separate permission access)

Access options: Bill Pay* ACH Origination* Direct Deposit Services* Wire Transfer Origination** Invoicing Services*

*Additional Fees Apply
**Additional Fees Apply & Subject to Approval
***Complete Separate Enrollment Form

Standard Online Banking User _____

Email Address _____

INTERNAL USE ONLY (Business)

Business Name: _____ **TIN:** _____

Saved to Synergy	Verified in Synergy	Documents
		Certificate of Assumed Name
		Certificate of Inc or Organization
		Articles of Inc or Organization
		Certification of Beneficial Owners
		TIN Verification
		Additional Docs:

Risk Rating: ___ Low ___ Medium ___ High
 ___ Saved to Synergy ___ Verified in Synergy ___ Approval Initials ___

OneSumX Verification:

___ Qualifile (only for DDA & MM) ___ OFAC ___ Loan Only
 ___ Saved to Synergy ___ Verified in Synergy

ONLINE BANKING CHECKLIST

NetTeller ID: _____ **Date Loaded** _____

___ **Loaded By** ___ **Verified By**

Mobile Deposit Added? _____ NO

___ **Yes (inputted on MDA Website)** ___ **Verified By**

Address changed in last 30 days?

___ **Yes (complete Red Flag #19)** ___ **No**

EE: _____	DATE: _____	VERIFIED BY: _____	VERIFIED DATE: _____	SAVED TO SYNERGY: _____
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AUTHORIZED SIGNER #1

Name (First, Middle, Last) _____ SSN _____

Place of Employment _____ Title _____

Birth Date _____ Cell Phone _____ Home Phone _____ Work Phone _____
mm/dd/yyyy

Email Address _____

Physical Address (no PO Boxes) _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

ID Type: DL Passport State ID Other _____ State/Country of Issuance _____

ID Number _____ Issue Date _____ Exp. Date _____
mm/yyyy mm/dd/yyyy

Security Code for Identification _____ Hint Phrase _____
Max of 12 characters Helpful reminder if security code is forgotten

Have you had a bank account at this or another financial institution within 12 months before making this application?

YES NO If yes, name of institution(s) _____

Have you had a transaction account closed by this or another financial institution without your consent within 12 months before making this application?

YES NO If yes, reason _____

Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months before making this application?

YES NO If yes, name of institution _____

Preferred Method of Contact?

PHONE MAIL EMAIL

I hereby authorize New Market Bank to obtain a consumer report that relates to this application.

I certify that everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I understand if the information requested is not provided within 30 days, my account may be closed.

Applicant Signature _____ Date _____

INTERNAL USE ONLY (Authorized Signer #1)

Authorized Signer #1 Name: _____ **Authorized Signer #1 SSN:** _____

Document verification: _____ DL _____ State ID _____ Other

Additional documentation received: _____ Scanned to Synergy _____ Verified in Synergy

Risk Rating: _____ Low _____ Medium _____ High

_____ Saved to Synergy _____ Verified in Synergy _____ Approval Initials _____

OneSumX Verification:

_____ Risk ID Verification _____ Risk ID Authentication (if needed) _____ Qualifile (only for DDA & MM) _____ OFAC

_____ Saved to Synergy _____ Verified in Synergy

Any discrepancies when verifying identifying information?

_____ Yes (refer to Red Flag form for more information) _____ No

Is there reasonable belief that the true identity of this customer is known:

_____ Yes _____ No (do not open account and contact BSA Officer)

EE: _____	DATE: _____	VERIFIED BY: _____	VERIFIED DATE: _____	SAVED TO SYNERGY: _____
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AUTHORIZED SIGNER #2

#2 Name (First, Middle, Last) _____ SSN _____

Place of Employment _____ Title _____

Birth Date _____ Cell Phone _____ Home Phone _____ Work Phone _____
mm/dd/yyyy

Email Address _____

Physical Address (no PO Boxes) _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

ID Type: DL Passport State ID Other _____ State/Country of Issuance _____

ID Number _____ Issue Date _____ Exp. Date _____
mm/yyyy mm/dd/yyyy

Security Code for Identification _____ Hint Phrase _____
Max of 12 characters Helpful reminder if security code is forgotten

Have you had a bank account at this or another financial institution within 12 months before making this application?

YES NO If yes, name of institution(s) _____

Have you had a transaction account closed by this or another financial institution without your consent within 12 months before making this application?

YES NO If yes, reason _____

Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months before making this application?

YES NO If yes, name of institution _____

Preferred Method of Contact?

PHONE MAIL EMAIL

I hereby authorize New Market Bank to obtain a consumer report that relates to this application.

I certify that everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I understand if the information requested is not provided within 30 days, my account may be closed.

Applicant Signature _____ Date _____

INTERNAL USE ONLY (Authorized Signer #2)

Authorized Signer #2 Name: _____ **Authorized Signer #2 SSN:** _____

Document verification: _____ DL _____ State ID _____ Other

Additional documentation received: _____ Scanned to Synergy _____ Verified in Synergy

Risk Rating: _____ Low _____ Medium _____ High

_____ Saved to Synergy _____ Verified in Synergy _____ Approval Initials _____

OneSumX Verification:

_____ Risk ID Verification _____ Risk ID Authentication (if needed) _____ Qualifile (only for DDA & MM) _____ OFAC

_____ Saved to Synergy _____ Verified in Synergy

Any discrepancies when verifying identifying information?

_____ Yes (refer to Red Flag form for more information) _____ No

Is there reasonable belief that the true identity of this customer is known:

_____ Yes _____ No (do not open account and contact BSA Officer)

EE: _____ **DATE:** _____ **VERIFIED BY:** _____ **VERIFIED DATE:** _____ **SAVED TO SYNERGY:** _____