

Member Name (First, MI, Last): \_\_\_\_\_

Member Number: \_\_\_\_\_ Tax Identification Number (TIN): \_\_\_\_\_

Organization/Business Ownership Type:	Charitable Organization	Corporation
	Estate	Partnership
	Pension/Profit Sharing Plan	Sole Proprietorship
	Trust	Unincorporated Organization

What is the purpose of the account?

What is the nature of the business operation?

Will the account activity include: check cashing services, sale of redemption of money orders, travelers' checks, lottery ticket sales, money transmitter? If yes, please specify.

Will the account activity include funds from or payments related to Internet gambling?

Do you anticipate international transactions on this account? If yes, please provide details.

What is the anticipated monthly volume of deposits and withdrawals?

Please provide banking references:

Please provide copies of: Certificate of Incorporation; Articles of Incorporation; partnership documents (as applicable; not required for government or military entities).

✕ Signature: \_\_\_\_\_

Date: \_\_\_\_\_