



# Business Account Opening Request

For Bank Use Only	
Date:	.....
Officer:	.....
Branch:	.....
CSR:	.....

## General Business Information

Business Name

Physical Street Address (REQUIRED) Suite, Unit, PO Box

City State Zip:

Mailing Address (if different from Physical Address)

Email Business Phone

Tax ID Business Industry State of Organization Date Business Established

### Business Ownership Type (Select One): \*\*Refer to Business Document Requirements

- Corporation for Profit     Non-Profit Corporation: If Non-Profit, is it a charitable Organization?  Yes  No
- Sole Proprietor     LLC     Partnership     Other (Please specify: ex. Trust/Estate, Club/Association, Government Authority/Municipality): \_\_\_\_\_

### Nature of Business (Select One):

- Real Estate     Casino, Precious Metal, or Pawn Shop     Manufacturing/Engineering     Computer/Technology     Township
- Transportation     Financial Industry     Medical Marijuana Dispenser     CBD/Hemp Products     Other: \_\_\_\_\_

## Business Activity - All fields Required

- Is your business involved in Internet Gambling? .....  Yes  No
- Does your business accept, issue, or exchange virtual currency? .....  Yes  No
- Is your business a Money Service Business (MSB) or conduct any MSB related activities? .....  Yes  No
- Does your business own or operate ATM Machines? .....  Yes  No
- Does your business perform any of the following services for your customers?
  - Cash checks? .....  Yes  No
  - Sell/ redeem money orders, stored value cards or travelers checks? .....  Yes  No
  - Transmit money? .....  Yes  No
- Is your business a currency Dealer or Exchanger? .....  Yes  No
- Does your business accept Bill Payments on behalf of other entities? ex. Utilities, Taxes.....  Yes  No
- Does your business anticipate receiving foreign wires? .....  Yes  No
- Does your business anticipate initiating foreign wires? .....  Yes  No
  - Reason for foreign wire activity? \_\_\_\_\_

# New Account Information

## Account 1 – All fields Required

Type of Account .....  Business Checking       Business Money Market       CD

Account Title .....

Authorized Signers for this account .....  Signer 1       Signer 2       Signer 3

Additional Services\*\* (Check all that apply):

\*\*See Fee Schedule for pricing

iPosit (Remote Deposit Capture)

NetTeller (Basic Internet Banking)

add ACH capability

add Wire capability

Positive Pay

Mobile Deposit

EDI

**Estimated Monthly Average Totals for the following transaction types :**

Cash Deposits (not including checks/electronic deposits) ....	\$ _____
Cash Withdrawals (not including checks/electronic withdrawals) .....	\$ _____
Incoming Domestic Wires .....	\$ _____
Outgoing Domestic Wires .....	\$ _____
Incoming Foreign Wires.....	\$ _____
Outgoing Foreign Wires .....	\$ _____
Electronic/ACH Deposits .....	\$ _____
Electronic/ACH Withdrawals .....	\$ _____

## Account 2 – All fields Required

Type of Account .....  Business Checking       Business Money Market       CD

Account Title .....

Authorized Signers for this account .....  Signer 1       Signer 2       Signer 3

Additional Services\*\* (Check all that apply):

\*\*See Fee Schedule for pricing

iPosit (Remote Deposit Capture)

NetTeller (Basic Internet Banking)

add ACH capability

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Mobile Deposit

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**Estimated Monthly Average Totals for the following transaction types :**

Cash Deposits (not including checks/electronic deposits) ....	\$ _____
Cash Withdrawals (not including checks/electronic withdrawals) .....	\$ _____
Incoming Domestic Wires .....	\$ _____
Outgoing Domestic Wires .....	\$ _____
Incoming Foreign Wires.....	\$ _____
Outgoing Foreign Wires .....	\$ _____
Electronic/ACH Deposits .....	\$ _____
Electronic/ACH Withdrawals .....	\$ _____

## Account 3 – All fields Required

Type of Account .....  Business Checking       Business Money Market       CD

Account Title .....

Authorized Signers for this account .....  Signer 1       Signer 2       Signer 3

Additional Services\*\* (Check all that apply):

\*\*See Fee Schedule for pricing

iPosit (Remote Deposit Capture)

NetTeller (Basic Internet Banking)

add ACH capability

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Mobile Deposit

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**Estimated Monthly Average Totals for the following transaction types :**

Cash Deposits (not including checks/electronic deposits) ....	\$ _____
Cash Withdrawals (not including checks/electronic withdrawals) .....	\$ _____
Incoming Domestic Wires .....	\$ _____
Outgoing Domestic Wires .....	\$ _____
Incoming Foreign Wires.....	\$ _____
Outgoing Foreign Wires .....	\$ _____
Electronic/ACH Deposits .....	\$ _____
Electronic/ACH Withdrawals .....	\$ _____

**REQUIRED INDIVIDUAL IDENTIFICATION: All signers must provide us with a copy of 1 form of primary ID (Valid Driver's License, Government ID card with photo, US Passport, Armed Forces ID card, or an Alien registration card)**

***Signer 1 - All fields Required***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Current Street Address , City, State, Zip (PO Box not accepted)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License No. (Copy of ID Required)

\_\_\_\_\_  
DL State

\_\_\_\_\_  
DL Expiration

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

Employed Unemployed Retired\*\* Homemaker Student

\_\_\_\_\_  
Employment Status (Choose One) \*\*If retired, please list your previous employer and occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Occupation

***Signer 2 - All fields Required***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Current Street Address , City, State, Zip (PO Box not accepted)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License No. (Copy of ID Required)

\_\_\_\_\_  
DL State

\_\_\_\_\_  
DL Expiration

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

Employed Unemployed Retired\*\* Homemaker Student

\_\_\_\_\_  
Employment Status (Choose One) \*\*If retired, please list your previous employer and occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Occupation

***Signer 3 - All fields Required***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Current Street Address , City, State, Zip (PO Box not accepted)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License No. (Copy of ID Required)

\_\_\_\_\_  
DL State

\_\_\_\_\_  
DL Expiration

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

Employed Unemployed Retired\*\* Homemaker Student

\_\_\_\_\_  
Employment Status (Choose One) \*\*If retired, please list your previous employer and occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Occupation

# MERIDIAN BANK

## CERTIFICATION OF BENEFICIAL OWNERSHIP

Persons opening or making changes to an account on behalf of a Legal Entity must provide the following information:

1) Name and Title of Natural Person requesting the change/new account:

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2) Name, and Type of Legal Entity for which the account is being opened/changed:

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3) Physical Address of Legal Entity for which the account is being opened/changed:

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4) Tax ID Number (EIN) of Legal Entity for which the account is being opened/changed:

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### BENEFICIAL OWNERSHIP INFORMATION – 25% OR MORE

The following information for each individual\*, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25% or more of the equity interests of the Legal Entity listed above.

<b>OWNER #1</b>			
<b>Title</b>		<b>% ownership</b>	
<b>Tax ID #</b>		<b>Date of Birth</b>	
<b>Physical Address (Home or Business Street Address)</b>	<b>Street</b>		
	<b>City</b>		
	<b>State &amp; Zip</b>		
<b>Identification *Driver's License *Passport *State Issued ID</b>	<b>ID Type*</b>	<b>State/country of issuance</b>	
	<b>Number</b>		
	<b>Issue Date</b>	<b>Expiration Date</b>	

<b>OWNER #2</b>			
<b>Title</b>		<b>% ownership</b>	
<b>Tax ID #</b>		<b>Date of Birth</b>	
<b>Physical Address (Home or Business Street Address)</b>	<b>Street</b>		
	<b>City</b>		
	<b>State &amp; Zip</b>		
<b>Identification *Driver's License *Passport *State Issued ID</b>	<b>ID Type*</b>	<b>State/country of issuance</b>	
	<b>Number</b>		
	<b>Issue Date</b>	<b>Expiration Date</b>	

<b>OWNER #3</b>			
<b>Title</b>		<b>% ownership</b>	
<b>Tax ID #</b>		<b>Date of Birth</b>	
<b>Physical Address (Home or Business Street Address)</b>	<b>Street</b>		
	<b>City</b>		
	<b>State &amp; Zip</b>		
<b>Identification *Driver's License *Passport *State Issued ID</b>	<b>ID Type*</b>	<b>State/country of issuance</b>	
	<b>Number</b>		
	<b>Issue Date</b>	<b>Expiration Date</b>	

<b>OWNER #4</b>			
<b>Title</b>		<b>% ownership</b>	
<b>Tax ID #</b>		<b>Date of Birth</b>	
<b>Physical Address (Home or Business Street Address)</b>	<b>Street</b>		
	<b>City</b>		
	<b>State &amp; Zip</b>		
<b>Identification *Driver's License *Passport *State Issued ID</b>	<b>ID Type*</b>	<b>State/country of issuance</b>	
	<b>Number</b>		
	<b>Issue Date</b>	<b>Expiration Date</b>	

## CONTROLLING INDIVIDUAL

The following information for **one** individual with significant responsibility for managing the Legal Entity listed above:

- If Controlling individual is also a Beneficial Owner, name and title required only.
- A Controlling individual may be an executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or,
- Any other individual who regularly performs similar functions.

<b>CONTROLLING INDIVIDUAL (Required)</b>			
<b>Full Name</b>		<b>Title</b>	
<b>Tax ID #</b>		<b>Date of Birth</b>	
<b>Physical Address (Home or Business Street Address)</b>	<b>Street</b>		
	<b>City</b>		
	<b>State &amp; Zip</b>		
<b>Identification *Driver's License *Passport *State Issued ID</b>	<b>ID Type*</b>	<b>State/country of issuance</b>	
	<b>Number</b>		
	<b>Issue Date</b>	<b>Expiration Date</b>	

**Attestation:**

I, \_\_\_\_\_, (*Name of natural person listed in item 1 above*), **hereby certify, to the best of my knowledge, that the information provided above is complete and correct.**

**I also agree to notify Meridian Bank of any changes to the information reported on this form in a timely manner.**