



# 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

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 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

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 .....	\$ _____

**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.**

Signature:

Date: