

# Falls City National Bank

## Commercial Deposit Account Application

Checking, Savings, Money Market, or Certificate of Deposit



### Business Information

Business/Entity Name \_\_\_\_\_ EIN \_\_\_\_\_

DBA if applicable \_\_\_\_\_

Physical Address  
(No P.O. Box Address) \_\_\_\_\_

Mailing Address  
(if different than physical address) \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Business Nature \_\_\_\_\_

### Authorized Signer Information

Full Name \_\_\_\_\_ DOB \_\_\_\_\_  
First M.I. Last

Physical Address  
(No P.O. Box Address) \_\_\_\_\_

Mailing Address  
(if different than physical address) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

Secondary Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_

Title \_\_\_\_\_

### Authorized Signer Information

Full Name \_\_\_\_\_ DOB \_\_\_\_\_  
First M.I. Last

Physical Address  
(No P.O. Box Address) \_\_\_\_\_

Mailing Address  
(if different than physical address) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

Secondary Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_

Title \_\_\_\_\_

**Select the type of account(s) you wish to open**

Commercial Checking

Now Account (Sole Proprietor/Non-Profit)

Money Market

Commercial Savings

Certificate of Deposit

**Type of Business**

Sole Proprietorship

Corporation

General Partnership

Limited Partnership

Limited Liability Company

Association/Organization

Other \_\_\_\_\_

**Disclaimer and Signature**

*By signing below, I apply for a deposit product selected above and certify that all information provided above is correct. I authorize you to check my credit and verify the information provided on this application. I understand that additional information may be required before a decision can be made regarding this application. I further understand that approval by Falls City National Bank for any of the deposit product(s) is conditioned on my agreement to abide by all terms and conditions contained in the applicable deposit agreement.*

*I have read the above statement and agree to the terms set out therein.*

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Section 326 of the USA PATRIOT ACT requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or changes an existing account. This federal requirement applies to all new customers and current customers. This information is used to assist the United States government in the fight against the funding of terrorism and money-laundering activities.

What this means to you: when you open an account or change an existing account, we will ask each person for their name, physical address, mailing address, date of birth, and other information that will allow us to identify them. We will ask to see each person’s driver’s license and other identifying documents and copy or record information from each of them.

Additionally, FinCEN has adopted what they describe as a “two pronged” approach to beneficial ownership.

The ownership prong includes all natural persons with 25% or more direct or indirect equity interest in a legal entity while the control prong is a single individual with significant managerial responsibility (the Rule says, “control, manage or direct”) over the legal entity.

We will ask to see each person’s driver’s license and other identifying documents, and copy or record information from each of them.