



**TOWN & COUNTRY BANK  
MIDWEST**

**BUSINESS ACCOUNT INFORMATION**

**Type of Business:**

Sole Proprietorship    Partnership    Limited Liability Corporation  
 Corporation    Unicorporated Association/Non-Profit

**BUSINESS NAME** \_\_\_\_\_

**EMPLOYER IDENTIFICATION NUMBER** \_\_\_\_\_

**LEGAL ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**ALTERNATE MAILING ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**BUSINESS PHONE (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_**      **EXTENTION** \_\_\_\_\_

**Type of Account**

Regular Business Checking       Now Account (Sole Proprietorship or Non Profit)  
 Money Market Checking       Money Market Special  
 Savings Account       Certificate of Deposit

**Number of signatures required for withdrawl** \_\_\_\_\_

**Type of business are you engaged in?** \_\_\_\_\_

**Are you or do you intend on being an internet casino? Yes / No**

**Will you need extra "change" or make large cash withdrawals regularly? Yes / No**

**Will you be doing wire transfers? Yes / No      If yes, frequency per year?** \_\_\_\_\_

**Location of customers (mile radius)** \_\_\_\_\_

**Expected ACH activity** \_\_\_\_\_

**Deposit activity expectation** \_\_\_\_\_

**Are you interested in Internet Banking ? Yes / No ( If yes, separate sheet will be completed)**

**Are you interested in merchant services for credit card processing? Yes / No**

**Are you interested in a debit card? Yes / No**

**Opening Deposit** \_\_\_\_\_ **Source of Funds: Check** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Internal Transfer** \_\_\_\_\_

***AUTHORIZED SIGNERS ON THIS ACCOUNT:***

\_\_\_\_\_  
\_\_\_\_\_

PLEASE NOTE: FEDERAL REGULATION REQUIRES THAT THE BANK HAVE ON FILE VERIFICATION OF CUSTOMER'S IDENTIFICATION THEREFORE, WE REQUIRE A VALID PICTURE ID AT ACCT OPENING FOR ALL ACCOUNT CUSTOMERS OR SIGNERS A CURRENT ADDRESS. IF ADDRESS IS NOT CURRENT ADDITIONAL DOCUMENTATION IS NEEDED. BY SIGNING THIS APPLICATION YOU ARE AUTHORIZING US TO CONTACT CHEXSYSTEMS CONCERNING ANY PRIOR BANK RELATIONSHIPS YOU MAY HAVE HAD.

**INTERNAL USE ONLY FOR DUE DILIGENCE ON BUSINESS ACCOUNTS:**

Was business run through ChexSystems? Yes/No List any records \_\_\_\_\_

Did you have each signer complete Business Customer Information Sheet? Yes/No

Did you obtain photocopy of ID for every signer listing current address? Yes/No  
Appropriate forms of ID have to be valid (not expired) this can be state driver’s license, state ID card, Passport, Firearms Identification Card (FOID) or Military ID card. Any other forms of ID need to be approved by an officer. If address was not current, did you collect documentation showing current address? Yes/No (attach copy)

Did customer answer any of questions on application to help give you an idea of what type of business they may be engaged in? If not, ask. We need to know this information.

If a customer answered yes to the Internet Casino question, the following must be obtained:

- Evidence of legal authority or legal opinion from customers legal counsel
- Third party certification
- A written commitment

If the business is a Partnership, Limited Liability Company, or Corporation, we need a copy of the customers papers showing the business exists before opening the account. Examples may be Partnership Agreement or Letters of Incorporation. Did you copy some type of documentation? Yes/No

**Unlawful Internet Gambling:**

Risk Rating Minimal Moderate High

Completed by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

**TO BE COMPLETED AT THE MAIN BANK:**

BSA/AML Risk Rating:  
Low Low/Moderate Moderate High/Moderate High Highest

Completed By: \_\_\_\_\_