



Port number _____

Required Documents To Accompany This Form:

- ___ Articles of Incorporation/Association, other Agreements, LLC or LLP, etc
- ___ Assumed Name or Trade Name Certificate ___ Association minutes of signatory appointment

Business / Entity Name: _____

Type / Nature _____

Physical Street Address: _____

Mailing Address (if different than above): _____

City: _____ State _____ Zip _____

EIN #: _____ - _____ or SSN # _____ - _____ - _____

Business Phone: _____ Fax: _____

Secondary Phone: _____ Email: _____

How long currently own business: _____ years or years _____ in business related business field

Types of deposits typically made? (select those that apply)

CHECKS _____% ELECTRONIC (ACH) _____% CASH _____% Daily Ave Amount: _____

Wire Transfers Activity:

Wire transfer in Frequency per month: _____ Monthly Ave Amount _____

Wire transfer out: frequency per month: _____ Monthly Ave Amount _____

Money Service Business:

Fincen 107 required (www.msb.gov/new/index.html)

(cash per day customer > \$1,000)

Check Cashing: Yes _____ No _____

Money Orders or Travelers Check Services: Yes _____ No _____ Travel Cards: Yes _____ No _____

Currency Dealing/Exchange: Yes _____ No _____ Owner/Operate ATM: Yes _____ No _____



For Checking accounts being opened in Minnesota:

Minnesota law requires that I provide the following information. I understand that if I make any false statements here or on the rest of this application, I may be guilty of perjury.

____ I have had a checking account in Minnesota for the 12 months immediately preceding this application at:

Name of Financial Institution _____
Address _____
City, State, Zip _____

____ During the 12 months immediately preceding this application my checking account at _____
_____ (name of Financial Institution) was closed without my consent.

The account was closed because of _____.

____ During the 24 month immediately preceding this application I was not convicted of any criminal offense as a result of using a check or similar instrument.

When handling my account please contact me at home____ work____ either____

To the best of my knowledge everything in this application is correct. I understand that I may be guilty of perjury if I made any material misstatements. I also understand that you will retain this application whether or not it is approved. You are authorized to check my credit history and also employment history.

Applicant's Signature

Date

Co-Applicant's Signature

Date