



Non-Profit Organization (NGO) Account Opening Questionnaire

In order for Unity Bank to establish a deposit relationship with you, we are required to have a full understanding of your business and business needs. Please complete the questionnaire and provide it to your Unity Bank Representative along with the requested documentation to better assist with the account opening process.

By providing this information, it will allow for further review and quick decisioning to determine if a deposit relationship can be established.

Instructions:

- One questionnaire per TAX ID #
- If requesting to open multiple accounts, please fill out each account section depending on number of accounts being opened
 - if only opening 1 account, please only fill out sections for “account #1”
- Please complete the questionnaire in its entirety. Areas with an (*) are required

Created: 4/15/2020
Approved: 6/30/2020
Updated 12/10/2020

Non-Profit Organization (NGO)

Relationship Profile						
*Organization Information						
Business Name:						
DBA Name:						
Mailing Address:						
City:		State:		Zip:		County:
Physical Address:						
City:		State:		Zip:		County:
Tax ID#:				Business Phone #:		
Cellular Phone #:				Business E-mail:		
Are you a Marijuana Related Business (MRB) or affiliated with an MRB? <input type="checkbox"/> Yes <input type="checkbox"/> No						
*Customer Risk Profile						
What is your gross annual revenue?						
How many employees do you have?						
Who is your current bank? <input type="checkbox"/> Regional Bank <input type="checkbox"/> Community Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Other (Online Banks)						
Reason for leaving previous bank <input type="checkbox"/> Did not leave current bank <input type="checkbox"/> Location <input type="checkbox"/> Customer Service <input type="checkbox"/> Fees <input type="checkbox"/> Lack of Products <input type="checkbox"/> Rates						
Is this a home-based business? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is this an internet/online business? <input type="checkbox"/> Yes <input type="checkbox"/> No						
What is the website of your business?						
Is your business seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No						
What is your busiest season? <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> N/A						
*Signer Information – 1						
Signer Name:						
Home Address:						
City:		State:		Zip:		County:
Mailing Address:						
City:		State:		Zip:		County:
DOB:				SSN:		
Cellular Ph. Number:				Home Ph. Number:		
Business Ph. Number:				Email Address:		
Mother's Maiden Name:				US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:				Occupation:		
Signer on accounts (noted below) <input type="checkbox"/> Account 1 <input type="checkbox"/> Account 2 <input type="checkbox"/> Account 3 <input type="checkbox"/> Account 4						
Are you involved in the government (an elected official)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
What specific area of government? <input type="checkbox"/> Local <input type="checkbox"/> Regional (Domestic) <input type="checkbox"/> National (Domestic) <input type="checkbox"/> Foreign <input type="checkbox"/> N/A						
Who is your current bank for personal use? <input type="checkbox"/> Regional Bank <input type="checkbox"/> Community Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Other (Online Banks)						

***Signer Information – 2**

Signer Name:							
Home Address:							
City:		State:		Zip:		County:	
Mailing Address:							
City:		State:		Zip:		County:	
DOB:				SSN:			
Cellular Ph. Number:				Home Ph. Number:			
Business Ph. Number:				Email Address:			
Mother's Maiden Name:				US Citizen:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:				Occupation:			
Signer on accounts (noted below): <input type="checkbox"/> Account 1 <input type="checkbox"/> Account 2 <input type="checkbox"/> Account 3 <input type="checkbox"/> Account 4							
Are you involved in the government (an elected official)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
What specific area of government? <input type="checkbox"/> Local <input type="checkbox"/> Regional (Domestic) <input type="checkbox"/> National (Domestic) <input type="checkbox"/> Foreign <input type="checkbox"/> N/A							
Who is your current bank for personal use? <input type="checkbox"/> Regional Bank <input type="checkbox"/> Community Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Other (Online Banks)							

***Signer Information – 3**

Signer Name:							
Home Address:							
City:		State:		Zip:		County:	
Mailing Address:							
City:		State:		Zip:		County:	
DOB:				SSN:			
Cellular Ph. Number:				Home Ph. Number:			
Business Ph. Number:				Email Address:			
Mother's Maiden Name:				US Citizen:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:				Occupation:			
Signer on accounts (noted below):= <input type="checkbox"/> Account 1 <input type="checkbox"/> Account 2 <input type="checkbox"/> Account 3 <input type="checkbox"/> Account 4							
Are you involved in the government (an elected official)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
What specific area of government? <input type="checkbox"/> Local <input type="checkbox"/> Regional (Domestic) <input type="checkbox"/> National (Domestic) <input type="checkbox"/> Foreign <input type="checkbox"/> N/A							
Who is your current bank for personal use? <input type="checkbox"/> Regional Bank <input type="checkbox"/> Community Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Other (Online Banks)							

*Signer Information – 4				
Signer Name:				
Home Address:				
City:	State:	Zip:	County:	
Mailing Address:				
City:	State:	Zip:	County:	
DOB:		SSN:		
Cellular Ph. Number:		Home Ph. Number:		
Business Ph. Number:		Email Address:		
Mother's Maiden Name:		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:		Occupation:		
Signer on accounts (noted below) <input type="checkbox"/> Account 1 <input type="checkbox"/> Account 2 <input type="checkbox"/> Account 3 <input type="checkbox"/> Account 4				
Are you involved in the government (an elected official)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What specific area of government? <input type="checkbox"/> Local <input type="checkbox"/> Regional (Domestic) <input type="checkbox"/> National (Domestic) <input type="checkbox"/> Foreign <input type="checkbox"/> N/A				
Who is your current bank for personal use? <input type="checkbox"/> Regional Bank <input type="checkbox"/> Community Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Other (Online Banks)				
*Business Ownership Information – please list all individuals with 25% or more of ownership and indicate if they will be a signer on the account				
	Owner Name	% Ownership	Signer	Control Person
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owners Home Address:				
	Street Address	City	State	Zip
1.				<input type="checkbox"/> Own <input type="checkbox"/> Rent
2.				<input type="checkbox"/> Own <input type="checkbox"/> Rent
3.				<input type="checkbox"/> Own <input type="checkbox"/> Rent
4.				<input type="checkbox"/> Own <input type="checkbox"/> Rent
*Account Information				
Account Title:				
Would you like the account title to be printed on bank documents? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Who referred you to Unity Bank? <input type="checkbox"/> Not referred by anyone				
Employee Name:		Other:		
How much will you be opening the account with?				
What type of funds will you be using to open the account? <input type="checkbox"/> Cash <input type="checkbox"/> Transit Check <input type="checkbox"/> On Us Check <input type="checkbox"/> Internal Transfer <input type="checkbox"/> External Transfer				
Entity Type:				
If LLC, is this a <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership				
What will the account be used for? <input type="checkbox"/> Operating <input type="checkbox"/> Payroll <input type="checkbox"/> Escrow <input type="checkbox"/> Investment Account <input type="checkbox"/> Savings <input type="checkbox"/> Holdings <input type="checkbox"/> Expenses <input type="checkbox"/> Loan Auto Draft <input type="checkbox"/> Personal Use <input type="checkbox"/> Other				

*Account Information (account #2; only complete if more than 1 account is needed)	
Account Title:	
Would you like the account title to be printed on bank documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much will you be opening the account with?	
What type of funds will you be using to open the account?	<input type="checkbox"/> Cash <input type="checkbox"/> Transit Check <input type="checkbox"/> On Us Check <input type="checkbox"/> Internal Transfer <input type="checkbox"/> External Transfer
Entity Type:	
What will the account be used for?	<input type="checkbox"/> Operating <input type="checkbox"/> Payroll <input type="checkbox"/> Escrow <input type="checkbox"/> Investment Account <input type="checkbox"/> Savings <input type="checkbox"/> Holdings <input type="checkbox"/> Expenses <input type="checkbox"/> Loan Auto Draft <input type="checkbox"/> Personal Use <input type="checkbox"/> Other
*Account Information (account #3; only complete if more than 2 accounts are needed)	
Account Title:	
Would you like the account title to be printed on bank documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much will you be opening the account with?	
What type of funds will you be using to open the account?	<input type="checkbox"/> Cash <input type="checkbox"/> Transit Check <input type="checkbox"/> On Us Check <input type="checkbox"/> Internal Transfer <input type="checkbox"/> External Transfer
Entity Type:	
What will the account be used for?	<input type="checkbox"/> Operating <input type="checkbox"/> Payroll <input type="checkbox"/> Escrow <input type="checkbox"/> Investment Account <input type="checkbox"/> Savings <input type="checkbox"/> Holdings <input type="checkbox"/> Expenses <input type="checkbox"/> Loan Auto Draft <input type="checkbox"/> Personal Use <input type="checkbox"/> Other
*Account Information (account #4; only complete if more than 3 are accounts needed)	
Account Title:	
Would you like the account title to be printed on bank documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much will you be opening the account with?	
What type of funds will you be using to open the account?	<input type="checkbox"/> Cash <input type="checkbox"/> Transit Check <input type="checkbox"/> On Us Check <input type="checkbox"/> Internal Transfer <input type="checkbox"/> External Transfer
Entity Type:	
What will the account be used for?	<input type="checkbox"/> Operating <input type="checkbox"/> Payroll <input type="checkbox"/> Escrow <input type="checkbox"/> Investment Account <input type="checkbox"/> Savings <input type="checkbox"/> Holdings <input type="checkbox"/> Expenses <input type="checkbox"/> Loan Auto Draft <input type="checkbox"/> Personal Use <input type="checkbox"/> Other
*On-Site ATM Information	
Is there an ATM on premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who fills your ATM with cash?	<input type="checkbox"/> Business Owner <input type="checkbox"/> ATM Owner <input type="checkbox"/> Third Party <input type="checkbox"/> N/A
Is your ATM:	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Rented Space <input type="checkbox"/> N/A
Average cash added monthly to ATM:	

*Anticipated Account Activity (based on monthly dollar average)				
Only complete columns 2,3 & 4 when more than 1 account is needed	Account #1	Account #2	Account #3	Account #4
Average Cash Deposit \$ Amount:				
Average Cash Withdrawal \$ Amount:				
Average Check Deposit \$ Amount:				
Average Checks Written \$ Amount:				
Average Recurring ACH Credit \$ Amount:				
Average Recurring ACH Debit \$ Amount:				
Average Internet/Phone ACH Credit \$ Amount:				
Average Internet/Phone ACH Debit \$ Amount:				
Average International ACH Credit \$ Amount:				
Average International ACH Debit \$ Amount:				
*Anticipated Wire Activity (based on monthly average)				
Only complete columns 2,3 & 4 when more than 1 account is needed	Account #1	Account #2	Account #3	Account #4
Anticipated #Domestic Wires:				
Average \$ Domestic Wire Credit:				
Average \$ Domestic Wire Debit:				
Anticipated # International Wires:				
Average \$ International Wire Credit:				
Average \$ International Wire Debit:				
Additional Information:				
How did you hear about Unity Bank?				
Is business already open for business? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, when will it be opened for business?				
How many years has this organization been in service?				
List the names of the organization trustees:				
How many locations do you have?				
What geographic location do you serve?				
If you serve a location outside of the US, please provide country names:				
How much revenue does the organization earn?				
How does your organization fundraise or generate revenue?				
Who are you fundraising for?				
What other business entities do you own?				
What type of accounts do you have with your current financial institution?				
Does your business accept credit cards for payment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, who is your Merchant Services provider?				
Are you planning on moving your entire relationship to Unity Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, why?				
Have you seen our advertising? <input type="checkbox"/> Billboard <input type="checkbox"/> Newspapers <input type="checkbox"/> On-line <input type="checkbox"/> Social Media <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> N/A				

Home Based Business Information:

Will work be done at your residence? Yes No

What is your relationship to this residential address?
 I live at the home I rent the home for my business only

Will your work be done away from your residence? Yes No

Will you have any employees? Yes No

Does your home-based business use vehicles? Yes No

How many total vehicles?

Where are those vehicles parked?

Will your business use any outside storage or yard space?

How do you get customers? Word of mouth/referrals Website Social Media

Who are your suppliers?

What services do you provide?

What forms of payment do you accept from your customers?

Forms of Identification (ID)

Primary ID	Secondary ID
Unexpired State Driver’s License with photo	Unexpired local employee ID card with photo
Unexpired State ID card with photo and signature	Unexpired Student ID card with photo and school year
Valid US government or military ID with photo, signature, physical description and expiration date	Current Utility or Cable Bill issued within the last 90-days
Unexpired US Passport with picture	Unexpired Credit/Debit Card
Unexpired US Alien registration card (Green Card)	Original Birth Certificate with raised seal
Armed Forces Photo ID Card	Tax Bill

Required Documentation

Please provide the below documentation to your Unity Bank Representative:

<input type="checkbox"/> Primary ID for each Signer	<input type="checkbox"/> Secondary ID for each Signer	<input type="checkbox"/> SSN for each Signer
<input type="checkbox"/> Mother’s Maiden Name for each signer	<input type="checkbox"/> Cell Phone Numbers for each signer	<input type="checkbox"/> Copy of Letter from IRS with EIN or awarding tax exempt status
<input type="checkbox"/> Organizational Agreement, if applicable	<input type="checkbox"/> Association Resolution	<input type="checkbox"/> Copy of most recent bank statement

If you do not have the above documentation or have questions, please reach out to your Unity Bank representative for further direction.

Preparer Information

I hereby state that the information above is true, to the best of my knowledge. I also confirm the information here is both accurate and complete and relevant information has not been omitted.

Preparer Printed Name:	
Preparer Signature:	
Title:	
Phone Number:	
Date Completed:	

Branch Use Only

Received By:			
Date Received:			
CIP Information Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Account Opened:		
NAICS Code:			
Account Opened By:			
Opening Amount:			
Source of Funds:			
Account #		CRM ID#	Port #

Area Manager Recommendation: