



Non-Profit Organization (NGO) Account Opening Questionnaire

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 9/2021

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:		
What is the website of your business?						
What is your NAICS Code (if known)?						
Is your business in one of the below groups (if yes, please select group)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<input type="checkbox"/>	Liquor Store	<input type="checkbox"/>	Convenience Store			
<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Gas Station			
<input type="checkbox"/>	Car Dealership	<input type="checkbox"/>	Laundromat			
<input type="checkbox"/>	CPA	<input type="checkbox"/>	Attorney			
<input type="checkbox"/>	Law Firm	<input type="checkbox"/>	Physician			
<input type="checkbox"/>	Non-Profit Organization	<input type="checkbox"/>	Charity			
<input type="checkbox"/>	NRA (Non-Resident Alien)	<input type="checkbox"/>	Vending Machine Operator			
<input type="checkbox"/>	Parking Garage	<input type="checkbox"/>	Cigarette Distributor			
Who is your current bank? <input type="checkbox"/> Regional Bank <input type="checkbox"/> Community Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Unity Bank <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 season are you the busiest? <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> N/A						
Is your business seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No						
What is your gross annual revenue?						
How many employees do you have (including the business owner)?						

*Customer Risk Profile	
Is your customer base domestic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your customer base international? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you and MRB (Marijuana Related Business) or affiliated with an MRB? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you sell Marijuana or related products? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, ___% annual sales
Do you sell CBD or related products? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, ___% annual sales
Do you sell hemp or related products? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, ___% annual sales
Is there an ATM on premise? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your ATM is <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Rented Space <input type="checkbox"/> N/A	
Who fills your ATM with cash? <input type="checkbox"/> Self <input type="checkbox"/> Third Party <input type="checkbox"/> N/A	
Average cash added to ATM monthly:	
Do you have a Crypto Currency ATM? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a contract to operate/service (if yes, please supply us with a copy of your contract)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Does Crypto Currency ATM accept cash? <input type="checkbox"/> Yes <input type="checkbox"/> No <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:	Primary Phone Number: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Business Number
Email Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Employer (if retired note previous employer):	
Occupation/Nature of Business (if retired note previous occupation):	
Mother's Maiden Name:	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Foreign <input type="checkbox"/> Domestic	
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	

*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:				Primary Phone Number:		<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Home Phone
				Phone <input type="checkbox"/> Business Number			
Email Address:					Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Employer (if retired note previous employer):							
Occupation/Nature of Business (if retired note previous occupation):							
Mother's Maiden Name:				US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No			
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"/> Foreign <input type="checkbox"/> Domestic							
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							
*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:				Primary Phone Number:		<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Home Phone
				Phone <input type="checkbox"/> Business Number			
Email Address:					Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Employer (if retired note previous employer):							
Occupation/Nature of Business (if retired note previous occupation):							
Mother's Maiden Name:				US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No			
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"/> Foreign <input type="checkbox"/> Domestic							
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							

***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:				Primary Phone Number: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Business Number			
Email Address:				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Employer (if retired note previous employer):							
Occupation/Nature of Business (if retired note previous occupation):							
Mother's Maiden Name:				US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No			
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"/> Foreign <input type="checkbox"/> Domestic							
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							

***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	Own or Rent	
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 #1)	
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"/> Employee Name:	
<input type="checkbox"/> Not referred by anyone	
<input type="checkbox"/> 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"/> Estate <input type="checkbox"/> Lottery Account <input type="checkbox"/> ATM Account <input type="checkbox"/> Res Construction Loan	
<input type="checkbox"/> Comm Construction Loan <input type="checkbox"/> Campaign/Donation <input type="checkbox"/> Other _____	
*Account Information (account #2) only complete if more than 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	
Who referred you to Unity Bank?	
<input type="checkbox"/> Employee Name:	
<input type="checkbox"/> Not referred by anyone	
<input type="checkbox"/> 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"/> Estate <input type="checkbox"/> Lottery Account <input type="checkbox"/> ATM Account <input type="checkbox"/> Res Construction Loan	
<input type="checkbox"/> Comm Construction Loan <input type="checkbox"/> Campaign/Donation <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	
Who referred you to Unity Bank?	
<input type="checkbox"/> Employee Name:	
<input type="checkbox"/> Not referred by anyone	
<input type="checkbox"/> 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"/> Estate <input type="checkbox"/> Lottery Account <input type="checkbox"/> ATM Account <input type="checkbox"/> Res Construction Loan	
<input type="checkbox"/> Comm Construction Loan <input type="checkbox"/> Campaign/Donation <input type="checkbox"/> Other _____	

***Account Information (account #4) only complete if more than 3 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	
Who referred you to Unity Bank?	
<input type="checkbox"/> Employee Name:	
<input type="checkbox"/> Not referred by anyone	
<input type="checkbox"/> 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"/> Estate <input type="checkbox"/> Lottery Account <input type="checkbox"/> ATM Account <input type="checkbox"/> Res Construction Loan	
<input type="checkbox"/> Comm Construction Loan <input type="checkbox"/> Campaign/Donation <input type="checkbox"/> Other _____	

*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 # Domestic Wires:				
Average \$ Domestic Wire Credit:				
Average \$ Domestic Wire Debit:				
Anticipated # International Wires:				
Average \$ International Wire Credit:				
Average \$ International Wire Debit:				
Do you make payments with Crypto?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Average \$ Crypto Payments:				
Average \$ Crypto bought on own behalf:				
Average \$ Crypto sold on own behalf:				

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your relationship to this residential address? <input type="checkbox"/> I live at the home <input type="checkbox"/> I rent the home for my business only	
Will your work be done away from your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you have any employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your home-based business use vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Word of mouth/referrals <input type="checkbox"/> Website <input type="checkbox"/> 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"/> Certificate of EIN
<input type="checkbox"/> Names and ID of any business owners that directly or indirectly own 25% or more of equity interest	<input type="checkbox"/> Name of one (1) person that controls, manages or will direct the deposit account (this person can be an owner)	<input type="checkbox"/> Copy of Corporate Papers, i.e.: Articles of Incorporation, Corporate Resolution, Certificate of Formation, Doing Business As or Trading As paperwork
<input type="checkbox"/> ATM Network Provided Contract if you have an ATM on-site and own it	<input type="checkbox"/> ATM Network Provider Contract and Contract with owner/lease if you have a leased ATM on-site	
<input type="checkbox"/> Current ATM Funding Agreement and Agreement/Contract of ATM owner if a 3 rd party ATM on-site		<input type="checkbox"/> Crypto Contract/Network Provider Agreement
		<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:		
Area Manager or Loan Officer Recommendation: (Must be completed when sending to Retail Administration for approval)		

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 #	