



Business Account Customer

(all business accounts, except Check Cashers, MSB's and NGO's)

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: 7/21/2020

Business Account Customer

Relationship Profile									
*Business 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? Yes No									
*Customer Risk Profile									
What is your gross annual revenue?									
How many employees do you have?									
Who is your current bank?				Regional Bank	Community Bank	Credit Union	Other (Online Banks)		
Reason for leaving previous bank:				Did not leave current bank	Location	Customer Service Fees Lack of Products Rates			
Is this a home-based business?				Yes	No				
Is this an internet/online business?				Yes	No				
What is the website of your business?									
Is your business seasonal?				Yes	No				
What is your busiest season?				Winter	Spring	Summer	Fall	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		Yes	No	
Employer:					Occupation:				
Signer on accounts (noted below)				Account 1	Account 2	Account 3	Account 4		
Are you involved in the government (an elected official)?				Yes	No				
What specific area of government?				Local	Regional (Domestic)	National (Domestic)	Foreign	N/A	
Who is your current bank for personal use?				Regional Bank	Community Bank	Credit Union	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		Yes	No		
Employer:					Occupation:					
Signer on accounts (noted below)		Account 1	Account 2	Account 3	Account 4					
Are you involved in the government (an elected official)?		Yes	No							
What specific area of government?										
Local		Regional (Domestic)		National (Domestic)		Foreign		N/A		
Who is your current bank for personal use?		Regional Bank		Community Bank		Credit Union				
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		Yes	No		
Employer:					Occupation:					
Signer on accounts (noted below)		Account 1	Account 2	Account 3	Account 4					
Are you involved in the government (an elected official)?		Yes	No							
What specific area of government?										
Local		Regional (Domestic)		National (Domestic)		Foreign		N/A		
Who is your current bank for personal use?		Regional Bank		Community Bank		Credit Union				
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: Yes No			
Employer:				Occupation:			
Signer on accounts (noted below): Account 1 Account 2 Account 3 Account 4							
Are you involved in the government (an elected official)? Yes No							
What specific area of government? Local Regional (Domestic) National (Domestic) Foreign N/A							
Who is your current bank for personal use? Regional Bank Community Bank Credit Union 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.				Yes	No	Yes	No
2.				Yes	No	Yes	No
3.				Yes	No	Yes	No
4.				Yes	No	Yes	No
Owners Home Address:							
Street Address		City		State	Zip	Own or Rent	
1.						Own	Rent
2.						Own	Rent
3.						Own	Rent
4.						Own	Rent
*Account Information (account #1)							
Account Title:							
Would you like the account title to be printed on bank documents? Yes No							
Who referred you to Unity Bank?		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? Cash Transit Check On Us Check Internal Transfer External Transfer							
Entity Type:							
If LLC, is this a C-Corp S-Corp Partnership							
What will the account be used for? Operating Payroll Escrow Investment Account Savings Holdings Expenses Loan Auto Draft Personal Use Res Construction Loan 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?	Yes No
How much will you be opening the account with?	
What type of funds will you be using to open the account?	Cash Transit Check On Us Check Internal Transfer External Transfer
Entity Type:	
What will the account be used for?	Operating Payroll Escrow Investment Account Savings Holdings Expenses Loan Auto Draft Personal Use Res Construction Loan 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?	Yes No
How much will you be opening the account with?	
What type of funds will you be using to open the account?	Cash Transit Check On Us Check Internal Transfer External Transfer
Entity Type:	
What will the account be used for?	Operating Payroll Escrow Investment Account Savings Holdings Expenses Loan Auto Draft Personal Use Res Construction Loan 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?	Yes No
How much will you be opening the account with?	
What type of funds will you be using to open the account?	Cash Transit Check On Us Check Internal Transfer External Transfer
Entity Type:	
What will the account be used for?	Operating Payroll Escrow Investment Account Savings Holdings Expenses Loan Auto Draft Personal Use Res Construction Loan Other
*On-Site ATM Information	
Is there an ATM on premise?	Yes No
Who fills your ATM with cash?	Business Owner ATM Owner Third Party N/A
Is your ATM	Owned Leased Rented Space N/A
Average cash added monthly to ATM:	

*Anticipated Account 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		
Average Cash Deposit:						
Average Cash Withdrawal:						
Average Check Deposit:						
Average Checks Written:						
Average Recurring ACH Credit:						
Average Recurring ACH Debit:						
Average Internet/Phone ACH Credit:						
Average Internet/Phone ACH Debit:						
Average International ACH Credit						
Average International ACH Debit:						
*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?	Yes	No				
If no, when will it be opened for business?						
What is the nature of your business?						
What products/services do you provide?						
Does your business accept credit cards for payments?	Yes	No				
If yes, who is your Merchant Services Provider?						
What other business entities do you own?						
What type of accounts do you have with your current financial institution?						
Are you planning on moving your entire relationship to Unity Bank?	Yes	No				
If no, why?						
Have you seen our advertising?						
Billboard	Newspapers	On-line	Social Media	TV	Radio	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"/> 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"/> 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:	Yes	No	Date Account Opened:
NAICS Code:			
Account Opened By:			
Opening Amount:			
Source of Funds:			
Account #		CRM ID#	Port #

Area Manager Recommendation:

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