



Customer Information File
Non Individual

Customer Information
EIN: Entity Name:
Physical address: City: State: Zip + 4
Mailing Address: City: State: Zip + 4
Phone: Fax:
Website: E-mail address:
Authorized Signer Information
\*If required to identify signers, Complete and Attach Information to be Obtained for Customer Info File (Individuals)
Name: Title:
Name: Title:
Name: Title:
Documentary Identity Verification
Primary Documentation Other Documentation
Documentary ID Type (Articles of Incorporation, Partnership Agreement, Trust Agreement, Certificate of Good Standing, Other):
Date of issuance
Issued by
Chexsystems:
Credit Bureau:
OFAC comparison:
OFAC :
Thank You sent date:
Customer Due Diligence Information
Account type: Account number:
Purpose of the account:
Source of funds:
Type/Nature of Business:
Non Gov't Organization or Charity? Y or N
Other Information
Permission to provide information via E-Mail Circle Y or N
Estimated monthly cash deposits: \$
Estimated volume of domestic funds transfers: per week
Estimated volume of foreign funds transfers: per week
Does the entity cash checks? Circle Y or N
--If yes, does the entity exchange currency in an amount greater than \$1,000 for one person in one day? Circle Y or N
Does the entity engage in transmitting money or exchanging currency? Circle Y or N
Does the entity sell money orders or stored value cards? Circle Y or N
Is the entity a known MSB? Circle Y or N
Does the entity have an ATM onsite? Circle Y or N
If yes, what is the entity's relationship with the ATM? Own, Lease or Rents space
If yes, will the entity be receiving ATM settlements? Y or N, If yes from whom?
If yes, who owns the money in the ATM

**NOTICE TO CUSTOMERS OF RESTRICTED TRANSACTIONS**

Restricted transactions, such as unlawful internet gambling transactions, are prohibited from being processed through the account or relationship.

**CERTIFICATION REGARDING INTERNET GAMBLING**

By signing below, I certify that the commercial entity does not engage in an Internet gambling business.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Date Opened: \_\_\_\_\_

Opened By: \_\_\_\_\_

Maintenance Checked By: \_\_\_\_\_

BSA Risk Rating Assigned: \_\_\_\_\_

Officer: \_\_\_\_\_

Articles

Corp Res

Certificate of Good Standing

Credit Risk Rating: \_\_\_\_\_

**Internal Quarterly Review**

Signature of Internal Auditor: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_