

NEW ACCOUNT APPLICATION – COMMERCIAL

PORTFOLIO # _____ ACCOUNT# _____

To help the government fight the funding of terrorism and money laundering activities, Federal law requires ALL financial institutions to obtain, verify and record information that identifies each person/ business that opens an account. This means we need your name, physical mailing address, date of birth and other information that will allow us to identify you. Please fill out the application completely and present to our new accounts representative with your business documents, Articles of Incorporation, Partnership Agreement, LLC Formation, and Assumed Name Certificate. Non- profit organizations must present the non-profit status document to be considered as such. **Please present your tax identification number, valid driver's license and social security number for each signer on the account.**

BUSINESS NAME: _____ TAX ID# _____

BUSINESS ADDRESS: _____ BUSINESS PH # _____

CITY/STATE/ZIP: _____ # OF SIGNATURES REQUIRED (PLEASE SPECIFY): _____

TYPE OF BUSINESS: SOLE OWNER (DBA) PARTNERSHIP CORPORATION LLC CHURCH CLUB
 NON PROFIT OTHER _____

BUSINESS WEBSITE: _____ BUSINESS EMAIL: _____

PLEASE LIST ALL SIGNERS ON THIS ACCOUNT- *If address for signers is different than what is on ID provided attach proof of address*

***Beneficial Owners-** *if there any individuals who own 25% or more of the equity interest for this entity not listed as a signer for this account please provide their information on the Certification of Beneficial Ownership Form.*

NAME: _____ SSN: _____ DOB: _____

ADDRESS: _____ HOME PH: _____ WORK PH: _____

CITY/STATE/ZIP: _____ TITLE: _____

If Military ID was viewed and verified for CIP purposes, please check this box and initial _____ do not copy.

NAME: _____ SSN: _____ DOB: _____

ADDRESS: _____ HOME PH: _____ WORK PH: _____

CITY/STATE/ZIP: _____ TITLE: _____

If Military ID was viewed and verified for CIP purposes, please check this box and initial _____ do not copy.

NAME: _____ SSN: _____ DOB: _____

ADDRESS: _____ HOME PH: _____ WORK PH: _____

CITY/STATE/ZIP: _____ TITLE: _____

If Military ID was viewed and verified for CIP purposes, please check this box and initial _____ do not copy.

TYPES OF PRODUCTS AND SERVICES OFFERED: _____

LOCATIONS AND MARKETS SERVED: _____

ANTICIPATED ACCOUNT ACTIVITY: CHECKS DEBIT CARD WIRE TRANSFERS * INTERNET BANKING
 BILL PAY DIRECT DEPOSIT ACH OTHER _____

***IF YOU PLAN TO USE INTERNET BANKING PROVIDE A 4 DIGIT (NUMERIC) ACCESS PIN** _____
(THIS IS REQUIRED FOR FIRST TIME ENROLLMENT FOR OUR INTERNET BANKING SERVICE. IF THERE WILL BE MULTIPLE USERS PLEASE CONTACT THE E-BANKING DEPARTMENT. THIS PIN IS NOT ASSOCIATED WITH YOUR DEBIT CARD PIN NUMBER.)

WILL YOUR BUSINESS CASH CHECKS, EXCHANGE CURRENCY, SELL MONEY ORDERS, STORED VAUE CARDS OR TRANSFER MONEY FOR YOUR CUSTOMERS? IF YES, PLEASE EXPLAIN: _____

*The Unlawful Internet Gambling Act, signed into law in 2006, prohibits any person engaged in the business of betting or wagering from knowingly accepting payments in connection with the participation of another person in unlawful internet gambling.
As a customer of Schertz Bank & Trust, these restricted transactions are prohibited from being processed through your account or banking relationship with us. If you do engage in an Internet Gambling Business and open a new account with us, we will ask that you provide evidence of your legal capacity to do so.
I hereby represent and warrant the above information to be true and correct, and authorize Schertz Bank & Trust and any Credit Bureau Investigation Agency to investigate the above references given to Schertz Bank & Trust. I am aware the Schertz Bank & Trust Kirby, IH35, Seguin, and San Marcos Branches are in fact part of Schertz Bank & Trust, and that the deposits held at each facility are not separately insured.

X _____
AUTHORIZED SIGNATURE TITLE DATE

BANK USE ONLY:

DATE: _____ TIME: _____ REP: _____ OFFICER: _____ CHEXSYSTEMS: _____

TYPE OF ACCOUNT: _____ EXCEPTIONS: _____

Certification of Beneficial Owners completed by: _____

OPENING DEPOSIT: CASH CHECK TRANSFER TOTAL DEPOSIT \$ _____ FUNDS AVAILABILITY: _____

INPUT BY: _____ DATE: _____ OFAC: _____

SCANNED BY _____ DATE: _____ CHECKED BY: _____ DATE: _____