

Member Name (First, MI, Last): _____

Member Number: _____ Tax Identification Number (TIN): _____

Organization/Business Ownership Type:

Charitable Organization	Corporation
Estate	Partnership
Pension/Profit Sharing Plan	Sole Proprietorship
Trust	Unincorporated Organization

What is the purpose of the account?

What is the nature of the business operation?

Will the account activity include: check cashing services, sale of redemption of money orders, travelers' checks, lottery ticket sales, money transmitter? If yes, please specify.

Will the account activity include funds from or payments related to Internet gambling?

Do you anticipate international transactions on this account? If yes, please provide details.

What is the anticipated monthly volume of deposits and withdrawals?

Please provide banking references:

Please provide copies of: Certificate of Incorporation; Articles of Incorporation; partnership documents (as applicable; not required for government or military entities).

X Signature: _____

Date: _____