

# BUSINESS ACCOUNT CIP DOCUMENTATION

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

EIN: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Y or N Is Business engaged in illegal or online gambling operations?

## **DOCUMENTARY VERIFICATION**

Verify business with at least one of these listed below:

- Organization documents filed with the State of \_\_\_\_\_.
- Copy of the Certificate of good standing from the Secretary of State in which the business is domiciled.
- Statement of Information (formerly called Domestic Stock Certificate), certified by the state annually.
- Valid Fictitious Business Name Statement (*DBA Statement*); Certified by the county clerk, if operating under a name not stated in the Articles of Incorporation
- Business license  Bylaws (Optional)

**Authorized Signers** List authorized signers below. If new customer complete New Customer CIP form.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Is this a high-risk business acct? If Yes, add the appropriate risk code in the DDA System for this account.

**COMMENTS:** (Any **restrictions** or **discrepancies** on the account must be documented and approved by a Bank Officer as outlined in the Customer Identification Program)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Documentation Received by: \_\_\_\_\_

**Tickler Addenda** utilized for follow-up on Missing Documents, pending verification. Date initialized \_\_\_\_\_

Personal Banker Signature and Date: \_\_\_\_\_