

## **New Account Information Sheet**

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR OR OPENING A NEW 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 who opens an account. What this means for you: When you apply for or open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying Documents

TYPE OF BUSINESS:							
☐ Corporation	General Partnership	Limited Liability Company	Limited Liability	☐ Trust			
Professional Association	Sole Proprietorship	Unincorporated Association	Partnership Limited Partnership	Other			
Name of Business (Account Title, including D/B/A, if applicable):							
Sub-title , if applicable (Operating, Payroll, Escrow, etc.)							
Address of Physical Location:							
Mailing Address:							
Tax ID (EIN)							
Industry Type:							
State of Registration:							
Business Contact Name	:						
Business Telephone Nu	mber:	(Landline Preferred)	Business Fax:				
Email Address:							
			<del></del>				
Multiple signatures req	uired? No Yes	For amounts over \$	Facsimile signature	? ☐ No ☐ Yes			
TREASURY MANAGEMENT SERVICES:* No Yes  *Treasury Services can include adding accounts to Treasury Optimizer, Positive Pay, ZBA, Remote Capture, Lockbox, Treasury Key, Escrow Express, Controlled Disbursement, ACH Debit Protection, ACH Origination, Vault Services, Loan Sweep, Image Cash Letter, Return Services, CDROM statements.							
ACCOUNT ANALYSIS:							
☐ ADD TO EXISTING ANALYSIS RELATIONSHIP (CURRENT SETTLEMENT ACCOUNT #:) ☐ NEW ANALYSIS RELATIONSHIP SETUP							
-							

Please complete a New Account Signer Information Sheet for each signer on the account and all individuals with greater than 25% ownership in the company. If an owner with 25% or greater interest is an entity, proper entity documentation (Articles of Incorporation, Partnership Agreement, etc...) is required.



## **NEW ACCOUNT INFORMATION ACTIVITY SHEET**

Expected Activity							
Provide the following Monthly anticipated banking activity information (estimated number of transaction and the estimated value of those transactions) based on the business' consolidated relationship with Capital One Bank.							
EXPECTED ACTIVITY	Estimated Number of Transactions per Month	Estimated '	Value per Trans	saction			
Cash Activity							
Deposits							
Withdrawals							
Do you plan to conduct any of the following activities?							
Wire Transfers							
Incoming Domestic							
Outgoing Domestic							
Incoming International							
Outgoing International							
ACH Transactions							
Incoming Domestic							
Outgoing Domestic							
Incoming International							
Outgoing International							
Countries Where International Activity Will Be Performed							
Prohibited Business Types							
Does the business engage in any of the following activities? If yes, the MSA must be completed and accounts should not be opened without							
approval of Deposit Account Underwriting.							
		· ·					
Check Cashing- cash checks, drafts, or othe	r commercial paper		Yes	No 🗍			
If yes, do you cash checks in amounts greater than \$1,000 for any one person per day?				No □			
	ough a financial institution or as an Agent thr	ough					
another electronic funds transfer network (that is, Western Union, Fidelity Express, Sigue							
Corporation, etc.)		Yes 🗌	No □				
Currency Dealing or Exchanging- physical exchange of currency such as providing conversion of							
bank notes of one country for that of anoth	Yes 🗌	No 🗌					
Issuing, Selling or Cashing Traveler's Check		Yes 🗍	No 🗆				
Issuance, Selling or Redeeming Stored-Valu	rds. payroll						
cards, or phone cards	,   ,	Yes 🗌	No 🗌				
Internet Gambling- Participate or facilitate							
wagers)?	Yes 🗌	No 🗌					
<i>,</i>							
		_		Customer Signature			