

**COMMUNITY STATE BANK
BUSINESS ACCOUNT APPLICATION**

IMPORTANT INFORMATION ABOUT PROCEDURES FOR 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 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 Account

- Checking
- Savings
- Certificate of Deposit

Type of Business

- Partnership (**Need Partnership Agreement**)
 - Limited Liability Company (**Need Articles of Organization and Operating Agreement**)
 - Corporation (**Need Articles of Incorporation and Corporation By-Laws**)
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Purpose of account _____

Type/Nature of business _____

How will account be accessed (i.e., checks, debit card, ATM card, Internet, etc.)? _____

Will you be cashing checks for others? ____ Will there be a limit to amount of checks cashed (if so what is amount)? ____

Will you be selling money orders or stored value cards? ____ Will you engage in exchanging money? ____

Will you be selling lottery tickets? ____ Will you be engage in transmitting money? ____

Will be registering as an MSB? ____ Do you plan on making wire transfer ____ International wires ____

Estimated monthly or weekly cash deposits? ____ Estimated monthly or weekly cash needs ____

SECTION A-INFORMATION REGARDING BUSINESS APPLICANT

Business Name _____

Tax Identification No. _____ Mailing Address _____

Physical Address _____ City _____ State _____ Zip Code _____

Business Phone No. _____ Web Site Address if applicable _____

SECTION B-INFORMATION REGARDING AUTHORIZED SIGNER(S) (Use separate sheets if necessary)

Last Name _____ First _____ MI _____ DOB _____

Driver's License No. _____ Date of Issuance _____ Date of Exp _____ State Issued _____

State ID Card No. _____ Date of Issuance _____ Date of Exp _____ State Issued _____

Social Security No. _____ How long at Current Address? ____ Mothers Maiden Name _____

Physical Address _____ City _____ State _____ Zip Code _____

Previous Address (if at current address less than 5 years) _____

Title with above Entity _____

Are you employed outside this Entity if so where? _____

Home Phone No. _____ Cell Phone No. _____ Work Phone No. _____

Email Address _____ Password _____

I authorized you to request and obtain one or more credit reports about me from one or more credit reporting agencies for the purpose of considering my application for the Account, reviewing or collecting any Account opened by me, or for any other legitimate business purpose. I authorize you to disclose information about my account to a credit reporting agency if my Account was closed because I have abused it.

Signature Date

Signature Date

Unlawful Internet Gambling New Account Worksheet

The Unlawful internet Gambling Enforcement Act of 2006(A.K.A. FRB Regulations GG prohibits the funding of unlawful internet gambling through "designated payment systems". The Act prohibits financial institutions from accepting payments from credit cards, checks or electronic fund transfers to settle online wagers and requires financial institutions to have written policies and procedures in place to ensure compliance with this Act and its implementing rules.

Commercial Customer Name: _____

Commercial Customer Address: _____

Describe the type(s) of business conducted: _____

Describe normal type(s) of payment(s) received, from whom, and in what form: _____

The undersigned certifies this business **DOES NOT** engage in Internet gambling transactions and further agrees to notify Community State Bank if that change.

The undersigned understands unlawful Internet gambling transactions are prohibited from being processed through their account(s) and that failure to comply with these federal laws may result in denial of services and/or account closure. Please refer to the terms and conditions of your account for more information.

Authorized Signature **X**

The undersigned certifies this business **DOES** engage in Internet gambling transactions. (obtain copies of documents)

Evidence to ensure legal authority to engage in the Internet gambling business:

_____ License that expressly authorizes the Internet gambling business issued by the appropriate State or Tribal authority

or

_____ A reasoned legal opinion that demonstrates that the Internet gambling business does not involve restricted transactions

Evidence to ensure unlawful gambling transactions are not processed

_____ Third-party certification that the systems for engaging in the Internet gambling business are reasonably designed to ensure that the business will remain within the licensed or otherwise lawful limits, including with respect to age and location verification.

The undersigned agrees to notify Community State Bank of any changes in its legal authority to engage in its Internet gambling business.

The undersigned understands unlawful Internet gambling transactions are prohibited from being processed through their account(s) and that failure to comply with these federal laws may result in denial of services and/or account closure. Please refer to the terms and conditions of your account for more information.

Authorized Signature **X**