

Business Account Checklist

If you are a Sole Proprietorship

Account will be opened under Sole Proprietor's SSN or EIN assigned to the business entity (if using an EIN, we will require a copy of the IRS letter as evidence)

Authorized signatories are allowed

Required Documentation

- If applicable, evidence of EIN number
- Completed Hold Harmless form, provided by Franklin Bank & Trust
- Resolution, provided by Franklin Bank & Trust

If you are a Partnership, Limited Liability Company, or Corporation

Account will be opened under the EIN assigned to the business entity (Sole Member LLC may use SSN)

Account name must match exactly that for which EIN has been assigned

Authorized signatories are allowed

Transactions may be authorized by any ONE individual listed on the account

Required Documentation

- Evidence of EIN Number
- Evidence of business entity. Ex: Partnership Agreement (partnership), Operating Agreement (LLC), or Articles of Incorporation (Corporation)
- Certificate of Good Standing from the Secretary of State will be pulled by bank personnel
- Completed Hold Harmless form, provided by Franklin Bank & Trust
- Resolution, provided by Franklin Bank & Trust

All Individuals regardless of their signing authority are required to present 2 forms of ID to be scanned. At least 1 primary and a secondary form, examples of each can be found below. Proof of address may also be required.

Acceptable Types of Identification

| Primary | Secondary | |
|----------------------------|----------------------|--------------------------|
| State Driver's License | Firearm License | Utility Bill |
| Military ID Card | Insurance Card | Birth Certificate |
| Passport | Social Security Card | Property tax bill |
| Cedular Card | Credit Card | Org. Membership Card |
| US Alien Registration Card | Visa | Student/Employee ID Card |

Beneficial Owner* Information

*Applies to anyone who owns 25% or more of the entity (if applicable) **AND** a single individual with significant responsibility for managing the legal entity.

A copy of the Beneficial Owners Driver's License and Identification card will need to be provided by the natural person opening the account on behalf of the legal entity and certifying that it is correct

Business Account Application

| Business Entity Information | | | |
|--|-----------------|--|--|
| Check One: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | | | |
| If LLC: <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Single Member | | If Corporation: <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp | |
| Business Legal Name: | | | |
| Doing Business As (If Any): | | | |
| Business Tax ID Number: | | | |
| Business Physical Address: | | | |
| City: | State: | ZIP Code: | |
| Mailing Address (if different from above): | | | |
| City: | State: | ZIP Code: | |
| Business Phone: | Business Email: | Internet Banking Y or N | |
| Sole Proprietor/Managing Partner/Managing Member/ Executive Officer | | | |
| First Name: | Middle Initial: | Last Name: | |
| Physical Address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Email: | | |
| Date of Birth: | SSN: | | |
| Mailing address, if different from above: | | | |
| City: | State: | ZIP Code: | |
| Additional Partner(s), Member(s), Officer(s) | | | |
| First Name: | Middle Initial: | Last Name: | |
| Physical Address:: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Email: | | |
| Date of Birth: | SSN: | | |
| Mailing address, if different from above: | | | |
| City: | State: | ZIP Code: | |
| Additional Partner(s), Member(s), Officer(s) | | | |
| First Name: | Middle Initial: | Last Name: | |
| Physical Address:: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Email: | | |
| Date of Birth: | SSN: | | |
| Mailing address, if different from above: | | | |
| City: | State: | ZIP Code: | |
| Additional Partner(s), Member(s), Officer(s) | | | |
| First Name: | Middle Initial: | Last Name: | |
| Physical Address:: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Email: | | |
| Date of Birth: | SSN: | | |
| Mailing address, if different from above: | | | |
| City: | State: | ZIP Code: | |

| Authorized Signer 1 | | |
|---|-----------------|------------|
| First Name: | Middle Initial: | Last Name: |
| Physical Address:: | | |
| City: | State: | ZIP Code: |
| Phone: | Email: | |
| Date of Birth: | SSN: | |
| Mailing address, if different from above: | | |
| City: | State: | ZIP Code: |
| Authorized Signer 2 | | |
| First Name: | Middle Initial: | Last Name: |
| Physical Address:: | | |
| City: | State: | ZIP Code: |
| Phone: | Email: | |
| Date of Birth: | SSN: | |
| Mailing address, if different from above: | | |
| City: | State: | ZIP Code: |

| Money Service Business Questionnaire | | |
|--|-----|----|
| Does your business provide any of the following services? | | |
| Cash Checks | Yes | No |
| Sell, Buy, or Exchange currency (including virtual) | Yes | No |
| Issue/Sell/Redeem traveler's checks, money orders, or stored value cards | Yes | No |
| Transmit money | Yes | No |
| Offer money transfer services | Yes | No |
| Engage in Internet Gambling | Yes | No |

If Yes is answered to any of the above questions a Money Service Business Checklist will need to be filled out and additional documentation may be required.