

# All about your business

**BUSINESS INFORMATION** 

# **Welcome to Farmers and Mechanics Federal!**

We realize your time is very important. To make the most of your brief wait, please take a minute to fill out the form below. This will allow us to serve you quickly and efficiently once we meet with you.



Along with these forms, we will need to see one form of photo identification to complete your account opening process. Please have your driver's license or other form of photo ID ready.

BUSINESS NAME			BUSINESS TIN/EIN/ETC.	
BUSINESS STREET ADDRES	S		BUSINESS PHONE NUMBER	R
CITY	STATE	ZIP	BUSINESS EMAIL	
BUSINESS MAILING ADDRE	SS (If different than above)			
BRIEF BUSINESS DESCRIPT	TION (What products or service	ces do you offer?)		
BUSINESS STRUCTURE:				
	Partnership □ Corpora	ation □ Limited Liability (	Company □ Non-Profit □ Other	
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SIGNER #1 on Ad	ccount			
FIRST NAME	MIDDLE INITIAL	LASTNAME	TITLE	
PRIMARY PHONE NUMBER	DATE OF B	SIRTH		
SOCIAL SECURITY NUMBER	2		SIGNATURE	DATE
SIGNER #2 on Ad	count			
FIRST NAME	MIDDLE INITIAL	LASTNAME	TITLE	
PRIMARY PHONE NUMBER	DATE OF B	IRTH		
SOCIAL SECURITY NUMBER			SIGNATURE	DATE

Privacy is the centerpiece of our business. The personal information you provide is treated in a confidential manner consistent with our privacy policy (available at famf.bank). Thank you for banking with Farmers and Mechanics.



# **USA Patriot Act**

### 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.

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Type of Customer?  □ New □ Existing  Type of Person?	Account opening method:  ☐ In person all parties present ☐ In person, less than all parties present	
□ US Person □ Non-US Person	Type of business:	
Initial Funds Information Amount  □ Cash □ On us transfer □ On us check □ Transit Check	□ Money Service Business (check cashing, wires, issuer or redeemer of cashier's checks, money orders, or prepaid access, administrator or exchanger of virtual currency (Bitcoins.)	
<ul><li>□ Payroll check</li><li>□ Government Check</li><li>□ Cashiers Check</li><li>□ Wire</li></ul>	<ul> <li>Buying or selling motor vehicles of any kind, vessels, aircraft, farm equipment or mobile homes</li> <li>Practicing law</li> <li>Accounting</li> </ul>	
□ Foreign Funds  What county is the customer located In?	<ul> <li>Practicing medicine</li> <li>Auctioning goods</li> <li>Chartering or operating ships, busses, or aircraft</li> </ul>	
What brought you to our bank?  (Please check all that apply.)  □ Product  □ Relationship with banker  □ Location  □ Dissatisfied with current bank  □ Other (please specify):	<ul> <li>Real estate brokerage</li> <li>Pawn brokerage</li> <li>Title insurance and real estate closing</li> <li>Trade union activities</li> <li>Other</li> </ul>	





# **SECTION ONE CONTINUED**

Do you have any deposits that come in automatically?  □ Payroll Account □ Operating Account	How close is your office to the Bank?  □ 1-5 miles □ 6-10 miles	
□ Other:	□ 11+ miles	
ACH Payment Information?  Accepts   Yes   No  Originates   Yes   No  Do you plan to use the following?   Internet banking   Mobile banking   ATM/Debit Cards   Lending   Safe Deposit Boxes   Remote Deposit Services   Lockbox   ACH   Merchant Services	Do you use automatic withdrawals?  Sweep Accounts Utilities Other:  How many deposits will you make in a month?  1-5 6-10 11 or more  How many checks or withdrawals will you write/make in a month?  1-5 6-10	
Anticipated Monthly ACH Volume:	□ 11 or more	
Will there be International ACH Transactions (IAT's)?  □Yes □ No	Do you have any cash needs from the branch? □Yes □ No	
*Only Incoming IAT's are accepted.	If Yes, Specify the amount and frequency.  Amount:	
Do you plan on using Wire Services?  □Yes □ No  If Yes, Anticipated Monthly Wire Services:  Domestic:	□ Daily □ Weekly □ Monthly	
International:	Do you own any ATMs? □Yes □ No	
The following is to be filled out by a bank representative: Wire Transfer Agreement: □Yes □ No *BEB is required for this service	Note: If private ATM Owner an ATM Questionnaire is Required.	





# **SECTION ONE CONTINUED**

List your Major S	Suppliers:		
	Geographic Locat	ions:	
Do you only do l □ In the United S □ International □ Both	business?	If your business is in the Unite  □ Local in your state □ Out of state □ Both	d States, is it:
What will be the	e primary purpose	of this account?	
	s: ate Formed: ears in Business:		
	accounts?  □ Received an  □ A Farmers an  □ Saw a banne □ A friend told   □ Saw an adve □ Saw an adve □ Heard an ad □ Saw a digita	advertisement in the mail and Mechanics Federal employee told me er on the building me ertisement on TV ertisement in a newspaper vertisement on the radio advertisement (e.g. on one of my device social media site)	





#### **SECTION TWO** Section Three Complete only if you are a Non-Profit Complete only if you are a Money Service Business **Organization** (MSB) Are you engaged in the business of wire What is the purpose of the organization? transfers? □ Civic □ Yes □ No □ Benefit or Tragedy □ Political Campaign In your money service business, identify yourself □ Public Fund as one of the following: □ Other □ Principal ☐ Agent (Attach documentation proving agency status) How is your organization structured? □ Officers with regular meetings Is your business registered as an MSB with □ Board FinCEN? □ Steering Committee □Yes □ No □ Other If yes, date of last registration: \_ Where does the funding come from? Are the money service business activities: □ Local donations □ Primary source of income □ Statewide donations □ Secondary source of income □ National donations What percentage of income is derived from the □ International donations money service side of your business? What geographic locations are served? □ County Which of the following activities does your □ State business engage in? □ United States □ Check Cashing □ International □ Currency Exchange ☐ Issuer of Money Orders or Traveler's Checks Who is the volunteer base? ☐ Seller of Money Orders or Travelr's Checks □ Local individuals in countv □ Redeemer of Money Orders or Traveler's Checks □ Statewide volunteers □ Provider of Prepaid Access □ National volunteers □ Seller of Prepaid Access □ International volunteers □ Administrator of Virtual Currency □ Exchanger of Virtual Currency If you checked any of the above, are these activities \$1000 or more for any one customer in any one business day? □Yes □ No

