



# FARMERS AND MECHANICS FEDERAL

"WHERE COMMUNITY MATTERS" 

## NEW COMMERCIAL DEPOSIT ACCOUNT APPLICATION

<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Exempt (Government Agency or Municipality)	<b>CIP PROFILE BUSINESS ACCOUNTS</b> <b>COMPLETE CIP PROFILE</b>
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### 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.

SECTION ONE	QUESTIONS
<b>Type of customer:</b> <input type="checkbox"/> New <input type="checkbox"/> Existing customer adding new service	<b>Account opening method:</b> <input type="checkbox"/> In person all parties present <input type="checkbox"/> In person, less than all parties present
<b>Type of person:</b> <input type="checkbox"/> US Person <input type="checkbox"/> Non-US Person	
<b>Initial Funds Information</b> Amount _____ <input type="checkbox"/> Cash <input type="checkbox"/> On us transfer <input type="checkbox"/> On us check <input type="checkbox"/> Transit check <input type="checkbox"/> Payroll check <input type="checkbox"/> Government check <input type="checkbox"/> Cashier's check <input type="checkbox"/> Wire <input type="checkbox"/> Foreign Funds	<b>Type of business:</b> <input type="checkbox"/> 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.) <input type="checkbox"/> Buying or selling motor vehicles of any kind, vessels, aircraft, farm equipment or mobile homes <input type="checkbox"/> Practicing law <input type="checkbox"/> Accounting <input type="checkbox"/> Practicing medicine <input type="checkbox"/> Auctioning goods <input type="checkbox"/> Chartering or operating ships, buses, or aircraft <input type="checkbox"/> Real estate brokerage <input type="checkbox"/> Pawn brokerage <input type="checkbox"/> Title insurance and real estate closing <input type="checkbox"/> Trade union activities <input type="checkbox"/> Other _____
<b>What county is customer located in?:</b>  	
<b>What brought you to our bank?</b> <input type="checkbox"/> Product <input type="checkbox"/> Relationship with banker <input type="checkbox"/> Location <input type="checkbox"/> Dissatisfied with current bank <input type="checkbox"/> Other _____	
..... Administrative use only .....	

<p><b>Do you have any deposits come in automatically?</b></p> <p><input type="checkbox"/> Payroll Account  <input type="checkbox"/> Operating Account  <input type="checkbox"/> Other _____</p>	<p><b>How close is your office from the Bank?</b></p> <p><input type="checkbox"/> 1-5 miles  <input type="checkbox"/> 6-10 miles  <input type="checkbox"/> 11+ miles</p>
<p><b>ACH Payment Information</b>  Accepts <input type="checkbox"/> Yes <input type="checkbox"/> No  Originates <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Do you use automatic withdrawals?</b></p> <p><input type="checkbox"/> Sweep Accounts  <input type="checkbox"/> Utilities  <input type="checkbox"/> Other _____</p>
<p><b>Do you plan to use the following?</b></p> <p><input type="checkbox"/> Internet banking  <input type="checkbox"/> Mobile banking  <input type="checkbox"/> ATM, Debit Cards  <input type="checkbox"/> Lending  <input type="checkbox"/> Safe Deposit Boxes  <input type="checkbox"/> Remote Deposit Services  <input type="checkbox"/> Lockbox  <input type="checkbox"/> ACH  <input type="checkbox"/> Merchant Services</p> <p>If so, Anticipated Monthly ACH Volume: _____</p> <p>Will there be International ACH Transactions (IATs)? <input type="checkbox"/> YES <input type="checkbox"/> NO  <i>*Only Incoming IATs are accepted.</i></p> <p><b>Do you plan to use the following?</b>  <input type="checkbox"/> Wire services?</p>	<p><b>How many deposits you will make a month?</b></p> <p><input type="checkbox"/> 1-5  <input type="checkbox"/> 6-10  <input type="checkbox"/> 11 or more</p> <p><b>How many checks or withdrawals you plan to make a month?</b></p> <p><input type="checkbox"/> 1-5  <input type="checkbox"/> 6-10  <input type="checkbox"/> 11 or more</p> <p><b>Do you have any cash needs for our branch?</b></p> <p><input type="checkbox"/> YES – If “yes,” how much (specify daily, weekly, monthly)  _____</p> <p><input type="checkbox"/> NO</p>
<p>If so, Anticipated Monthly Wire Volume:  Domestic Wires: _____  International Wires: _____</p> <p>The following is to be filled out by a bank representative:  Wire Transfer Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>*BEB is required for this service</b></p>	<p><b>Do you own any ATMs?</b></p> <p><input type="checkbox"/> YES  <input type="checkbox"/> NO</p> <p>*****Administrative Use Only*****</p> <p><b>Note if Private ATM Owner an ATM Questionnaire is Required</b></p>



**SECTION THREE Complete only if you are a  
Non Profit Organizations**

<b>What is the purpose of the organization?</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Civic</li><li><input type="checkbox"/> Benefit or Tragedy</li><li><input type="checkbox"/> Political Campaign</li><li><input type="checkbox"/> Public Fund</li><li><input type="checkbox"/> Other</li></ul>	<b>What geographic locations are served?</b> <ul style="list-style-type: none"><li><input type="checkbox"/> County</li><li><input type="checkbox"/> State</li><li><input type="checkbox"/> United States</li><li><input type="checkbox"/> International</li></ul>
<b>How is your organization structured?</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Officers with regular meetings</li><li><input type="checkbox"/> Board</li><li><input type="checkbox"/> Steering Committee</li><li><input type="checkbox"/> Other</li></ul>	<b>Who is the volunteer base?</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Local individuals in county</li><li><input type="checkbox"/> Statewide volunteers</li><li><input type="checkbox"/> National volunteers</li><li><input type="checkbox"/> International volunteers</li></ul>
<b>Where does the funding come from?</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Local donations</li><li><input type="checkbox"/> Statewide donations</li><li><input type="checkbox"/> National donations</li><li><input type="checkbox"/> International donations</li></ul>	

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BUSINESS NAME or DBA

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Physical Address

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Mailing Address (if different from physical address)

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SSN OR EIN (Sole Proprietors and Single Member LLC's may use SSN of the owner)

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Signature of Principal

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Date