

Business Banking:

- business account information sheet
- business account checklist



Plaza Bank

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Irvine, California 92612

[949] 502-4300
www.plazabank.net



BUSINESS INFORMATION

Business Tax Identification Number		Account Title/Ownership:	
Account Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Non-Profit/Organization <input type="checkbox"/> Other _____		Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Interest Checking <input type="checkbox"/> Analysis <input type="checkbox"/> Money Market <input type="checkbox"/> Attorney Client Trust <input type="checkbox"/> Savings <input type="checkbox"/> Certificate of Deposit	
Business Address		City	State Zip
Business Telephone		Fax Number	Mobile Phone
Email Address		Website Address	
Business Mailing Address (If Different)		City	State Zip
Type of Business		Prior Banking Relationship (Name & Location)	

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 to you is 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.

SIGNER INFORMATION

Name		Social Security Number	Mother's Maiden Name	
Home Address		City	State	Zip
Home Telephone	Fax Number	Mobile Number	Email Address	
Occupation/Title	Business Phone	Date of Birth	Place of Birth (City,State)	
A photo identification for all signers must be received prior to opening the account.				
Primary ID Number	ID Exp Date	Issue Date	State	Secondary ID & Exp. (mm/yy)

SIGNER INFORMATION

Name		Social Security Number	Mother's Maiden Name	
Home Address		City	State	Zip
Home Telephone	Fax Number	Mobile Number	Email Address	
Occupation/Title	Business Phone	Date of Birth	Place of Birth (City,State)	
A photo identification for all signers must be received prior to opening the account.				
Primary ID Number	ID Exp Date	Issue Date	State	Secondary ID & Exp. (mm/yy)

Attention Authorized Account Signers: We may use a third party service to verify and obtain information regarding you and your previous banking relationships. Please refer to the Account Disclosure Booklet for further details.

Account No: (Bank Use Only)

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Account Title:		<input type="checkbox"/> Certificate of Deposit		
Account Type:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Interest Chkg <input type="checkbox"/> Analysis <input type="checkbox"/> Money Market <input type="checkbox"/> Attorney Client Trust		
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Name of Business: _____

Type of Business: _____ Corporation _____ Partnership _____ Sole Proprietor _____ Limited Liability Co. (LLC)
_____ Limited Liability Partnership (LLP) _____ Unincorporated Assoc.

The following documents must be received **prior** to opening the account; **including a photo identification for all signers. ***All copies must be of original documents*****

Corporation:

- Articles of Inc., stamped "filed" by the Sec'y of State
- Statement of Information or Corporate Minutes indicating authorized signers
- Fictitious Business Name statement if Corp maintains DBA(s)
- 501(c) letter from the IRS for Non-Profit Corporation

Out of state or Foreign Corporation (additional info):

- Cert. of Qualification stamped "filed" by the Sec'y State
- W-8 Certificate of Foreign Status, if non US based

Limited Liability Company (LLC):

- Articles of Organization stamped "filed" by the Secretary of State
- Copy of Operating Agreement
- Fictitious Business Name statement if LLC maintain DBA(s)
- 501(c) letter from the IRS if a Non-Profit LLC

Sole Proprietor:

- Fictitious Business Name statement stamped "filed" by the County Recorder, within the last 5 years (fictitious not needed if DBA owners exact name i.e. John Smith, DDS)

Unincorporated Association:

- Copy of minutes outlining purpose/interest of group and authority level of representatives
- Articles of Association or bylaws that specify who has authority
- 501(c) letter from the IRS for Non-Profit Unincorporated Association

Partnership (or LLP):

- Copy of Partnership Agreement
- If LLP, LLP1 stamped and "filed" by the Sec'y of State
- Fictitious Business Name statement if Partnership maintains DBA(s)
- If General Partner is incorporated, Articles of Incorp stamped "filed" by Sec'y of State
- 501(c) letter from the IRS if a Non-Profit Partnership

FOR BANK USE ONLY

Business Verifications:

- ChexSystems inquiry on business
- Site inspection completed and in file
- Verify phone number provided
- Verify OFAC
- NAICS Code

Optional Documents:

- Check printing order form
- Copies of three most recent bank statements
- Corporate On-Line Banking agreement & application
- Courier Agreement
- Credit Card Application
- Facsimile Signature Agreement
- New Account Questionnaire
- Remote Deposit Agreement
- Telephone Transfer Agreement
- Wire Agreement

Source Officer: _____ Shareholder

Signer Verifications:

- Customer Identification Program Tickler**
- CIF – CIP Dynamic Field – Check Mark & Date**
- ChexSystems inquiry on all signers
- Verify & Document Primary and Secondary ID's
- Verify OFAC

SIGNATURE:	DATE:
OPENED BY, PRINT NAME/TITLE:	

Exception approvals:

Each item must be highlighted and initialed.

SENIOR MANAGER OR BSA OFFICER:	DATE:
REASON FOR APPROVAL (OPTIONAL):	