



Business Deposit Application

General Information					
Company Name					
Fed Tax ID #			Website		
Address					
Mailing Address (if different)					
Phone			Email		
State of Organization					
Type of Organization	Corporation			Partnership	
	S	C	LLC	General	Limited
	Other				
	Sole	Non-Profit		NGO	Professional Association

Beneficial Ownership	
List each person who directly or indirectly owns 25% or more of the equity interests of the Legal Entity through any contract, arrangement, understanding, relationship, or otherwise.	
Beneficial Owner #1	
Name	
% Owned	SSN/ITIN
Beneficial Owner #2	
Name	
% Owned	SSN/ITIN
Beneficial Owner #3	
Name	
% Owned	SSN/ITIN
Beneficial Owner #4	
Name	
% Owned	SSN/ITIN

If no one meets the definition above, explain below (i.e., all <25% of the equity interests of the Legal Entity)

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Explain any layers of Beneficial Ownership (i.e., ABC Co. is 50% owner of 123 Corp. 123 Corp. is 50% owned by John Doe; therefore, John is a 25% Beneficial Owner of ABC Co.)

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Complete for one individual with significant responsibility for managing the Legal Entity.
(i.e., executive officer, senior manager)

Name	
Title	SSN/ITIN
Address	

Authorized Signers

Main Signer

Name		
Title	Email	
Address		
Work Phone	Home/Cell Phone	
SSN/ITIN	Date of Birth	
Status	American Citizen	Resident Alien
		Non-Resident Alien
Are you or have you been a Senior Foreign Political Figure?	Yes	No
Have any family members or close associates ever been Senior Foreign Political Figures?	Yes	No
Sole Proprietorship Only		
In the last two years, have you been convicted of a criminal offense involving checks?	Yes	No

Signer #2 (if more than one signer)			
Name			
Title		Email	
Address			
Work Phone		Home/Cell Phone	
SSN/ITIN		Date of Birth	
Status	American Citizen	Resident Alien	Non-Resident Alien
Are you or have you been a Senior Foreign Political Figure?			Yes No
Have any family members or close associates ever been Senior Foreign Political Figures?			Yes No
Sole Proprietorship Only In the last two years, have you been convicted of a criminal offense involving checks?			Yes No
Signer #3 (if more than one signer)			
Name			
Title		Email	
Address			
Work Phone		Home/Cell Phone	
SSN/ITIN		Date of Birth	
Status	American Citizen	Resident Alien	Non-Resident Alien
Are you or have you been a Senior Foreign Political Figure?			Yes No
Have any family members or close associates ever been Senior Foreign Political Figures?			Yes No
Sole Proprietorship Only In the last two years, have you been convicted of a criminal offense involving checks?			Yes No

Account Use							
Provide the following information so we understand your banking needs.							
Monthly Volumes							
# Checks Written	0-15	16-30	31+	# of Deposits	0-15	16-30	31+
# of Items Deposited	0-10	11-50	51+	Items are Mainly	Local	Non-local	
# of Incoming Wires	0-3	4-10	11+	# of Outgoing Wires	0-3	4-10	11+
\$ of Currency Deposited				Estimated Average Balance			
Products / Services Needed							
Cash/Coin Order Requests					Yes	No	
Initiate International Wires					Yes	No	
Remote / Mobile Deposit			Remote	Mobile	N/A		

Business Information

Nature of the Business

Products / Services Offered

Month and Year Organization was Established

Month and Year Current Owners Established or Bought the Business

Primary Activities (check all that apply)	State-wide	Domestic	International
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Are you a Money Service Business?	Yes	No	
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Do you Own or Operate an ATM?	Yes	No	
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Do you Sell Lottery Tickets?	Yes	No	
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Do you Sell Money Orders or Prepaid Cards?	Yes	No	
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Do you Cash Checks?	Yes	No	
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Do you Engage in the Sale of Hemp / CBD Products?	Yes	No	
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Do you Engage in the Sale of Cannabis Products?	Yes	No	
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Have Principals of the Company Changed in the Past Year?	Yes	No	
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Does the Business have Multiple Locations?	Yes	No	
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If yes, provide the total # of locations and each address.

Documentation

Provide for each individual listed above.

Copy of Identification (i.e., Driver's License, State ID, or Passport)

AGREEMENT

By signing below, I certify that I am authorized to provide this information on behalf of the Organization. I certify that no misrepresentations were made in this application or any related documents, all information is accurate and complete, and no important information was omitted. Drake Bank is authorized to verify with other parties and to make any investigation of my credit, either directly or through any agency employed by Drake Bank. Drake Bank may disclose information related to experiences or transactions with the Organization's accounts to other interested parties. I understand Drake Bank will retain this application and any other information received, even if no loan, deposit account, or other form of credit is granted.

All accounts are subject to verification and approval. Completing this application does not guarantee Drake Bank will open an account until verification is complete.

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 identifying each person who opens an account. What this means for you: when you open an account, Drake Bank will ask for your name, address, date of birth, and other identifying information. Drake Bank may also ask for your driver's license and other identifying documents.

UNLAWFUL INTERNET GAMBLING ENFORCEMENT ACT OF 2006 AND REGULATION GG

Per the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, this notification is to inform you that restricted transactions are prohibited from being processed through your account or relationship with our Bank. Restricted transactions are transactions in which a person accepts credits, funds, instruments, or other proceeds from another person in connection with unlawful Internet gambling. I certify that this Organization does not engage in Internet gambling. I will notify Drake Bank in the event of any change in circumstance.

THE SIGNER MUST BE AUTHORIZED BY THE COMPANY.

Signer's Name	Title
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Signature

Date