

# Business Deposit Account Application

**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 the Bank will ask for your name, address, date of birth and other information that will allow the Bank to identify you. The Bank may also ask to see your driver's license or other identifying documents. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

## COMPLETE THE INFORMATION

Legal Business Name \_\_\_\_\_ Doing Business As \_\_\_\_\_ Business Tax ID Number \_\_\_\_\_

Business Entity Address (Please use the physical address and add the PO Box if needed) \_\_\_\_\_

Contact Legal Name \_\_\_\_\_ Contact Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Type of Organization:  Corporation  LLC  Cooperative  Condo  Housing Association

### Authorized Signors:

1. \_\_\_\_\_  
 Legal Name \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_
2. \_\_\_\_\_  
 Legal Name \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_
3. \_\_\_\_\_  
 Legal Name \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_
4. \_\_\_\_\_  
 Legal Name \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

### Please select the type of account you want to utilize:

- Basic Business Checking  Interest Business Checking  Corporate Business Checking  Interest Commercial Checking
- Money Market Plus  Money Market Treasury Plus  Other \_\_\_\_\_
- Certificate of Deposit TERM: \_\_\_\_\_

CD Interest paid via\*:  Check  ACH (Routing Instructions) \_\_\_\_\_

\*Withdrawal of interest will reduce interest yield

\$ \_\_\_\_\_  
 Initial Deposit Amount

## ATTACH IMPORTANT DOCUMENTS

Please include a copy of your Articles of Incorporation; your Partnership Agreement, Trust Agreement, or other formation documentation; and your Declaration or By Laws or like documentation (U.S. Government recognition) with this application. Also include a copy of your assigned Tax Identification Number (TIN) and Certificate of Good Standing.

## RETURN COMPLETED APPLICATION

EMAIL to: deposit\_services@ncb.coop OR FAX to: (937) 393-9629 OR MAIL to: NCB  
 Attn: Deposit Services Office  
 139 S. High St.  
 Hillsboro, OH 45133

Do not send sensitive financial information, such as social security numbers, bank account numbers, or any other similarly sensitive information about yourself or your business, by email without first encrypting it. If you need assistance with encryption, please contact NCB directly.