



UNITED LABOR BANK

# Business Account Application

Revised 11/09

**Account Ownership:**     Sole Proprietor (SP)     Partnership/LTD/LLP     LLC  
                                   Corporation                     Non-Profit Organization (NP)     Other: \_\_\_\_\_

**Account Type:**             Non- Interest Checking     Interest Checking (SP/NP only)     Savings  
                                   Money Market                     CD     Jumbo CD

**Account Terms:**    Interest Rate \_\_\_\_\_                    Annual Percentage Yield \_\_\_\_\_                    Term \_\_\_\_\_  
                                  CD Interest Payment Method (Add Back/Check/ULB Transfer) \_\_\_\_\_  
                                  ULB Transfer Account Number \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: (If different from above) \_\_\_\_\_

Business Telephone: \_\_\_\_\_                    Business Fax: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_                    Business Email: \_\_\_\_\_

Number of Signatures Required for Withdrawal: \_\_\_\_\_

**Authorized Signers**

Name: \_\_\_\_\_                    Title: \_\_\_\_\_

Name: \_\_\_\_\_                    Title: \_\_\_\_\_

Name: \_\_\_\_\_                    Title: \_\_\_\_\_

Name: \_\_\_\_\_                    Title: \_\_\_\_\_

**Do You Allow Facsimile Signatures?**    Yes                    No (If yes, attach an example of each signature)

Check Order Information: \_\_\_\_\_

**Internet Gambling Questionnaire (Required)**

Does your company intend to use this account for the purpose of conducting Internet gambling?

Yes     No

Is your company engaged in the business of Internet gambling?

Yes     No

Does your company intend to receive deposits of any kind relating to internet gambling?

Yes     No

*When you open an account, we will ask for your Name, Address, Tax Identification Number, Date of Birth (if applicable) 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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**Account Executive**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Account

Number: \_\_\_\_\_

Notes: \_\_\_\_\_

**CUSTOMER IDENTIFICATION**

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

**ChexSystems Inquiry:**

No Reports

Reported

Date Reported: \_\_\_\_\_

Information Reported: \_\_\_\_\_

**OFAC Inquiry:**

(Perform Search for each Signer and the Business Name)

No Match

Match

**Customer Identification**

Document Title: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_

Document Title: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_

**Please note: For Sole Proprietors you are required to obtain the Number, Issue date, and Expiration date of the Government Issued Identification Card and Secondary Piece of Identification, as applicable.**

**Site Inspection**

Date Performed: \_\_\_\_\_

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Location(s): \_\_\_\_\_

Performed by: \_\_\_\_\_

Comments: \_\_\_\_\_

**CUSTOMER ANALYSIS**

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

**Business Accounts:**

**Purpose of Account** \_\_\_\_\_

**Approximate Amount of Deposits/Anticipated Sales (monthly)** \_\_\_\_\_

**Number of Locations** \_\_\_\_\_

**Requested Bank Services** \_\_\_\_\_

**Length of time the business has been established** \_\_\_\_\_

**Type of Business (Services and Products)** \_\_\_\_\_

**Accepted Payment Methods for Services and Products:**

Cash  Check

Credit Card  Debit Card

Other \_\_\_\_\_

Comments: \_\_\_\_\_

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