

**FARMERS & MERCHANTS BANK
BUSINESS 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, 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.

Type of Account

Checking
Savings
Other

Certificate of Deposit
Safety Deposit Box

Type of Business

Partnership **(Need Partnership Agreement)**
Limited Liability Company **(Need Articles of Organization and Operating Agreement)**
Corporation **(Need Articles of Incorporation and Corporation By-Laws)**
Other

Purpose of account _____

Type/Nature of business _____

How will account be accessed (i.e., checks, debit card, ATM card, Internet, etc.)? _____

Will you be cashing checks for others? _____ Will there be a limit to amount of checks cashed (if so what is amount)? _____

Will you be selling money orders or stored value cards? _____

Will you be selling lottery tickets? _____

Reason for banking with us _____

SECTION A – INFORMATION REGARDING BUSINESS APPLICANT

Business Name _____

Tax Identification No. _____

Present Address _____
Street City State Zip Code

Phone No. _____

SECTION B – INFORMATION REGARDING AUTHORIZED SIGNER(S) (Use separate sheets if necessary)

Full Name _____
Last First M/I Age Birth date

Driver's License No. _____ Date of Issuance _____ Date of Expiration _____ State Issued _____

State ID Card No. _____ Date of Issuance _____ Date of Expiration _____ State Issued _____

Other ID (Military ID, Tribal ID, Etc.) _____

Social Security No. _____ How Long at Current Address? _____ Mother's Maiden Name _____

Present Address _____
Street City State Zip Code

Previous Address (if at current address less than 5 years)

_____ Street City State Zip Code

Occupation _____ Home Phone No. _____

Work Phone No. (If different from above) _____

I authorize you to request and obtain one or more credit reports about me from one or more credit reporting agencies for the purposes of considering my application for the Account, reviewing or collecting any Account opened for me, or for any other legitimate business purpose. I authorize you to disclose information about my account to a credit reporting agency if my Account was closed because I have abused it.

Signature _____ Date _____ Signature _____ Date _____

Bank Use Only