

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 and business that opens an account.

What this means to you:

When establishing a relationship, you will need to provide documentation on the legal existence and status of your business. In addition, persons authorized to conduct business on behalf of the company will be required to provide their name, address, date of birth and other information that will allow us to identify them as well as a copy of the driver's license or other government issued photo identification.

NEW BUSINESS ACCOUNT APPLICANTS MUST PRESENT THE FOLLOWING DOCUMENTS IN ORDER TO OPEN AN ACCOUNT. INCOMPLETE OR MISSING DOCUMENTATION MAY CAUSE A DELAY IN OPENING YOUR ACCOUNT.

- A. Copy of the IRS issued Tax ID number (or EIN number) or a copy of the most recently filed tax returns. If the business does not have a TIN, a copy of the application for a TIN number, and then the IRS determination letter within 60 days. Non-Profit Organizations must present a copy of the IRS Determination certifying the 501C-3 status.
- B. One of the following organizational documents that applies:
 - a. Articles of Incorporation
 - b. Articles of Organization LLC
 - c. Agreement Partnership Agreement
 - d. Business License
 - e. Revocable or Irrevocable Trust Agreement
- C. One of the following Chartering Documents that applies:
 - a. Certificate of Incorporation
 - b. Certificate of Good Standing
 - c. Certificate of Registration /Registered Trade Name
- D. Authority Resolution (language in the Resolution must include one of the following)
 - 1. A Resolution by your business must identify the person(s) authorized to open and maintain bank accounts on behalf of the business and execute all documents with respect to such bank accounts.
 - 2. The Resolution must state the effective date of such authority and certify that the authority is currently enforced.
 - 3. A standard Banking Resolution may be provided by City First Bank which must be signed and certified by the business or company secretary or authorized persons.

All information is subject to verification and will be held confidential. Incomplete or missing information will cause a delay in the opening of your account. City First Bank of DC may require you to provide additional documents before opening an account.



NON-PERSONAL DEPOSIT APPLICATION

BUSINESS OR ORGANIZATIONAL INFORMATION

Name Of Business/Organization/Entity		Tax ID Number
Address (PO Boxes must furnish a physical address)		Business Telephone Number
City, State ZIP Code		Fax Number
Type/Nature of Business/Organization	Year Established	E-mail/website

AUTHORIZED SIGNER INFORMATION

Name	Title	Date of Birth
Social Security Number		
Home Address		
City, State ZIP Code	Home Number	
E-mail Address		
Cell Number	Work Number	

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Name	Title	Date of Birth
Social Security Number		
Home Address		
City, State ZIP Code	Home Number	
E-mail Address		
Cell Number	Work Number	

AUTHORIZED SIGNER INFORMATION

Name	Title	Date of Birth
Social Security Number		
Home Address		
City, State ZIP Code	Home Number	
E-mail Address		
Cell Number	Work Number	

AUTHORIZED SIGNER INFORMATION

Name	Title	Date of Birth
Social Security Number		
Home Address		
City, State ZIP Code	Home Number	
E-mail Address		
Cell Number	Work Number	

**CHOOSE THE ACCOUNT(S) YOU WISH
TO OPEN OR LEARN MORE ABOUT****Corporations, LLC's, LP's,****Select which account(s) you would like to open:**

- | | |
|--------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Basic Checking | <input type="checkbox"/> CD |
| <input type="checkbox"/> Smart Business Checking | <input type="checkbox"/> CDARS |
| <input type="checkbox"/> Business Savings | <input type="checkbox"/> ICS |
| <input type="checkbox"/> Business Money Market | <input type="checkbox"/> First Premier Business Analysis |

Non-Profit Organization and Government Agencies**Select which account(s) you would like to open:**

- | | |
|----------------------------------------------------------|--------------------------------|
| <input type="checkbox"/> Non-profit Checking | <input type="checkbox"/> CD |
| <input type="checkbox"/> Non-profit Money Market | <input type="checkbox"/> ILOTA |
| <input type="checkbox"/> CDARS | <input type="checkbox"/> ICS |
| <input type="checkbox"/> First Premier Business Analysis | |

Certificate of Deposit Account**Select the term(s)**

- | | | | |
|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 3 Month | <input type="checkbox"/> 6 Month | <input type="checkbox"/> 12 Month | <input type="checkbox"/> 18 Month |
| <input type="checkbox"/> 2 Years | <input type="checkbox"/> 3 Years | <input type="checkbox"/> 4 Years | <input type="checkbox"/> 5 Years |

Service Options**Select which option(s) you would like to have:**

- | | | | |
|-----------------------------------------|-------------------------------------|-----------------------------------------|------------------------------|
| <input type="checkbox"/> Online Banking | <input type="checkbox"/> Debit Card | <input type="checkbox"/> Remote Deposit | <input type="checkbox"/> ACH |
|-----------------------------------------|-------------------------------------|-----------------------------------------|------------------------------|



PART II - TELL US ABOUT YOUR BUSINESS OR ORGANIZATION

<p>1. Are you and/or the authorized signers a US Citizen or US Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, describe your/their legal status (non-resident, alien, etc.)</p>	<p>FOR CITY FIRST BANK USE ONLY</p> <p>1 5</p>
<p>2. Does your business or organization carry out any of the following activities? Remit money in or outside of the United States, cash checks of any kind at your location, sell Money Orders or Travelers Checks, sell store value cards such as phone cards or debit cards, exchange foreign currency? <input type="checkbox"/> YES <input type="checkbox"/> NO If you have answered YES, please STOP here, go to the end of this form, sign it, and inform the bank representative assisting you that you have completed the Application form.</p>	<p>10 0</p>
<p>3. Does your business/organization buy or sell products and/or services outside of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, you must provide us with names of the entities you regularly do business abroad, its' country and the purpose of the transactions. Please ask the bank representative for the form to submit this information.</p>	<p>10 0</p>
<p>4. Will your business or organization be depositing and withdrawing CASH (not checks or electronic credits/debits) on a regular basis? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give us an approximate amount of cash you will be depositing and withdrawing regularly: <input type="checkbox"/> Less than \$5,000 a month <input type="checkbox"/> Between \$6,000 to \$10,000 a month <input type="checkbox"/> More than \$10,000 a month</p>	<p>10 0</p> <p>1 5 10</p>
<p>5. Will your business or organization need Cashier's Checks as a normal course of activity? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>5 1</p>
<p>6. Will you be receiving or sending wires to and from your account on a regular basis? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what will be the frequency of these wires? <input type="checkbox"/> Two or less wires a month <input type="checkbox"/> Three to five wires a month <input type="checkbox"/> More than five wires a month</p>	<p>5 1</p>
<p>7. If you are going to send or receive International wires, list the countries below that you will be transacting with: _____ _____ _____</p>	<p>1 5 10</p> <p>FOR CITY FIRST BANK USE ONLY</p> <p>1-5 L 6-9 M 10-65 N</p>



1. How did you first learn about City First Bank of DC? (Please check what best describes your reason for having a relationship with City First Bank)

- Referred by a City First Bank employee (please name)
 Referred by another City First Bank customer (please name)
 Internet Search
 Post or radio advertisement about City First Bank of DC
 Local business/organization in the neighborhood
 Mission alignment
 Other reasons (please describe)
-
-

2. Do you foresee your Business/Organization needing a loan or a line of credit, or would you be interested in moving your current loan/line of credit to City First Bank?

- Yes No

If yes, who should we contact to discuss this possibility?

Name: _____ Telephone number: _____

3. City First Bank offers banking and cash management services:

- ACH services
 Positive Pay - a fraud prevention tool
 Merchant Service - Credit Card Processing
 Remote Deposit Capture/Xpress Deposit- ability to scan and deposit your checks remotely

If you are interested in any of the above services, who should we contact to discuss these services?

Name: _____ Telephone number: _____

I certify, to the best of my knowledge, the information I have provided in this Application form is correct. I authorize City First Bank of DC to verify any and all of the information provided.

Signature: _____ Date: _____

For City First Bank of DC Internal Use Only

Responsibility Code/Relationship Manager:

Account Opened by:

Comments: