Memorial City Bank

# COMMERCIAL ACCOUNT APPLICATION

*TYPE OF ACCOUNT OWNERSHIP:*

| **CORPORATION TYPE** | | **PARTNERSHIP TYPE** | | **MISCELLANEOUS TYPE** | |
|---|---|---|---|---|---|
| Corporate for Profit | | General | | Sole Proprietorship | |
| Non-Profit | | Limited | | Unincorporated Association (Clubs, Groups, Organization) | |
| Professional Association | | Limited Liability | | | |
| Professional Corporation | | Limited Liability Company | | Government Entity | |
| | | Limited Partnership | | Other | |

ACCOUNT NAME: _____

DBA (Assumed Name): _____

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STATEMENT ADDRESS (if different): _____

CITY: _____ STATE: _____ ZIP: _____

| | | | |
|---|---|---|---|
| Company Tax ID# | | | |
| Company Phone # | | Will Facsimile Signatures be used? | |
| Company Contact | | Purpose of Account | |
| Position | | Type of Business | |
| Referred by | | Reason for Selecting | |
| Former Financial Institution | | Should this account be grouped/existing accounts? | |

| | AUTHORIZED SIGNER 1 | AUTHORIZED SIGNER 2 |
|---|---|---|
| Name | | |
| Social Security # | | |
| Drivers License # | | |
| Home Phone | | |
| Home Address | | |
| City, State, Zip | | |
| Title | | |
| Date of Birth | | |
| Mother's Maiden Name | | |
| Email Address | | |

| | AUTHORIZED SIGNER 3 | AUTHORIZED SIGNER 4 |
|---|---|---|
| Name | | |
| Social Security # | | |
| Drivers License # | | |
| Home Phone | | |
| Home Address | | |
| City, State, Zip | | |
| Title | | |
| Date of Birth | | |
| Mother's Maiden Name | | |
| Email Address | | |

The undersigned acknowledges receipt of at least one copy of the Rules and Regulations Governing Accounts. The Finds Availability Policy and the schedule of fees thereof, on the date stated below. The bank is authorized from time to time, and without notice to me, to obtain credit information history and to confirm my employment history.

| Signature | Date | Signature | Date |
|---|---|---|---|

REQUIRE AT LEAST ONE PRIMARY ID & ONE SECONDARY ID FROM EACH SIGNER. COPY AND ATTACH TO THIS APPLICATION.

| PRIMARY ID | SECONDARY ID | | VERIFICATION METHOD |
|---|---|---|---|
| ❑ STATE DRIVERS LICENSE | ❑ FIREARM LICENSE | ❑ STUDENT ID | ❑ DOCUMENT EXAMINATION |
| ❑ TEXAS ID CARD | ❑ VOTER REGISTRATION | ❑ MEMBERSHIP CARD | ❑ CREDIT REPORT/CHEX SYSTEMS |
| ❑ U.S. PASSPORT | ❑ PAYCHECK STUB | ❑ CREDIT CARD | ❑ THANK-YOU NOTE |
| ❑ MILITARY ID | ❑ HEALTH INS. CARD | ❑ UTILITY BILL | ❑ GOVERNMENT WEB SITE |
| ❑ MATRICULA CARD | ❑ EMPLOYEE ID | ❑ IRS MAILING | ❑ PRIOR BANKING REFERENCE |
| ❑ ALIEN REGISTRATION CARD | ❑ SSN CARD | ❑ OTHER _____ | ❑ OTHER _____ |

REMARKS:

| TYPE OF ACCOUNT | DEPOSIT AMOUNT | DEPOSIT COMPOSITION | |
|---|---|---|---|
| OFFICER APPROVAL | REPRESENTATIVE | COMPUTER INPUT | REVIEWER |

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FOR BANK USE ONLY

DATE: _____ LOCATION: _____

OPENED BY: _____ OFFICER: _____

ACCT TYPE: _____ ACCOUNT #: _____

{ } Signature/Driver License scanned { } BSA Flag { } Verified