



## BUSINESS DEPOSIT ACCOUNT APPLICATION

BUSINESS NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

IRS EIN: \_\_\_\_\_ ENTITY TYPE: \_\_\_\_\_

Star Checking for Small Business	Star Checking (Analysis)	Shooting Star Checking Sole Proprietors	CD
Shooting Star Checking Non-Profit	Gold Star Savings	Gold Star Money Market	Safe Deposit Box

### AUTHORIZED SIGNER INFORMATION

LEGAL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DL NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ ISSUE: \_\_\_\_\_ EXP: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ US CITIZEN: \_\_\_\_\_ YES: \_\_\_\_\_ NO: \_\_\_\_\_

ARE YOU OR AN IMMEDIATE FAMILY MEMBER A POLITICALLY EXPOSED PERSON (PEP)? YES: \_\_\_\_\_ NO: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### BANK USE ONLY

BRANCH: \_\_\_\_\_ TRB OFFICER: \_\_\_\_\_ TRB REP: \_\_\_\_\_ OPENING PROCESS: \_\_\_\_\_ OPENING DATE: \_\_\_\_\_

CUSTOMER STATUS: \_\_\_\_\_ NEW CUSTOMER \_\_\_\_\_ EXISTING CUSTOMER \_\_\_\_\_ ASSOCIATED RELATIONSHIPS: \_\_\_\_\_

BUSINESS CIF: \_\_\_\_\_ AUTH SIGNER 1 CIF: \_\_\_\_\_ AUTH SIGNER 2 CIF: \_\_\_\_\_

ACCT NUMBER: \_\_\_\_\_ OPENING DEPOSIT: \_\_\_\_\_ SOURCE OF FUNDS: \_\_\_\_\_

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