



# Citizens National Bank

300 W. 1<sup>st</sup>. Street  
Park Rapids, MN 56470  
(218) 732-3393  
[www.cnbbank.com](http://www.cnbbank.com)

## Business Deposit Account Application

### Check Service Desired

Hometown Free \_\_\_\_\_ Business Checking \_\_\_\_\_ Hometown Business Checking \_\_\_\_\_ Statement Savings \_\_\_\_\_  
Corporation \_\_\_\_\_ For-Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_  
Limited Liability Company/ LLP \_\_\_\_\_ Partnership (written agreement) \_\_\_\_\_ Lodge/Association \_\_\_\_\_

**Business Applicant:** \_\_\_\_\_ **Account Number assigned:** \_\_\_\_\_

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

Type/Nature of Business: \_\_\_\_\_

Tax ID/EIN # \_\_\_\_\_ - \_\_\_\_\_ or Taxpayer # (Sole prop some LLC's) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

### **Certification of Beneficial Owner(s) and controlling Person of Legal Entity (Certification)**

Legal name of Business Entity \_\_\_\_\_

Name of person opening account \_\_\_\_\_

*The following information for each entity who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the above listed business. If no individual meets this definition check Box*

**Title:** \_\_\_\_\_ Percent of Ownership \_\_\_\_\_ %

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ US Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Physical Address \_\_\_\_\_

ID Type \_\_\_\_\_ ID # \_\_\_\_\_ ID Exp. Date \_\_\_\_\_

**Title:** \_\_\_\_\_ Percent of Ownership \_\_\_\_\_ %

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ US Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Physical Address \_\_\_\_\_

ID Type \_\_\_\_\_ ID # \_\_\_\_\_ ID Exp. Date \_\_\_\_\_

**Title:** \_\_\_\_\_ Percent of Ownership \_\_\_\_\_ %

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ US Citizen \_\_\_ Yes \_\_\_ No Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Physical Address \_\_\_\_\_

ID Type \_\_\_\_\_ ID # \_\_\_\_\_ ID Exp. Date \_\_\_\_\_

**Complete the following information the individuals with significant responsibility for managing the above listed business, i.e., Executive officer (CEO, CFO, and COO, Managing Member, General Partner, President, Vice President or Treasurer), OR any other individual who regularly performs similar functions.**

**Title:** \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ US Citizen \_\_\_ Yes \_\_\_ No Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Physical Address \_\_\_\_\_

ID Type \_\_\_\_\_ ID # \_\_\_\_\_ ID Exp. Date \_\_\_\_\_

**Authorized Signers:**

**Title:** \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ US Citizen \_\_\_ Yes \_\_\_ No Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Physical Address \_\_\_\_\_

ID Type \_\_\_\_\_ ID # \_\_\_\_\_ ID Exp. Date \_\_\_\_\_

**Title:** \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ US Citizen \_\_\_ Yes \_\_\_ No Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Physical Address \_\_\_\_\_

ID Type \_\_\_\_\_ ID # \_\_\_\_\_ ID Exp. Date \_\_\_\_\_

**Title:** \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ US Citizen \_\_\_ Yes \_\_\_ No Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Physical Address \_\_\_\_\_

ID Type \_\_\_\_\_ ID # \_\_\_\_\_ ID Exp. Date \_\_\_\_\_

I, \_\_\_\_\_ (Name of person completing this form), hereby certify, to the best of my knowledge, that the information provided herein is complete and correct. I also agree to notify Citizens National Bank of any change in the information provided within this Certification.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Internal use only: Record Found \_\_\_\_\_

Information verified by \_\_\_\_\_ Date \_\_\_\_\_





**Business Account Due Diligence**

Account Number assigned \_\_\_\_\_ Opening Date \_\_\_\_\_  
Business/Entity Name: \_\_\_\_\_ Type of Business \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Tax ID/EIN# \_\_\_\_\_ - \_\_\_\_\_ OR Taxpayer number (Sole Prop some LLC's) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Business phone # \_\_\_\_\_ Email address \_\_\_\_\_  
Type of Account \_\_\_\_\_ Opening Deposit \_\_\_\_\_  
Source of funds: Check \_\_\_\_\_ Cash \_\_\_\_\_ Internal Transfer (account #) \_\_\_\_\_

1. Do/will you cash checks for people? \_\_\_\_ Yes \_\_\_\_ No
2. What is the maximum amount of checks that can be cashed for any one person in one day? \_\_\_\_\_
3. What type of checks are cashed?
  - a. Personal
  - b. Payroll
  - c. Other (be specific)
4. Do/will you sell cashier's checks or money orders? \_\_\_\_ Yes \_\_\_\_ No
5. What is the maximum amount of money orders/cashier's checks that can be sold to one person in a day?  
\$ \_\_\_\_\_
6. What agent provides your money orders/cashier's checks? \_\_\_\_\_
7. Do/will you perform money wire transfers? \_\_\_\_ Yes \_\_\_\_ No
8. Are you an agent for a money transfer service? \_\_\_\_ Yes \_\_\_\_ No If yes, who? \_\_\_\_\_
9. do/will you sell prepaid stored value cards? \_\_\_\_ Yes \_\_\_\_ No
10. What is the maximum amount of prepaid stored value cards that can be sold to one person in one day?  
\$ \_\_\_\_\_
11. Do/will you perform currency exchanges? \_\_\_\_ Yes \_\_\_\_ No
12. What is the maximum amount of currency exchange that can be done for one person in one day?  
\$ \_\_\_\_\_

\_\_\_\_\_ This business **IS NOT** engaged in Internet gambling. In the event the business does engage in legal internet gambling, it will notify the bank and provide proof that the gambling activity is legal.

\_\_\_\_\_ This business **IS** engaged in legal Internet gambling and will provide any proof required by the bank that the gambling activity is legal. We will also comply with any bank request for ongoing certification that the internet gambling in is engaged.

**I, \_\_\_\_\_ (Name of person completing this form), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I also agree to notify Citizens National Bank of any change in the information provided herein.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_