SCALE BANK

Business Account Application

Federal law requires all financial institutions to obtain, verify and record information that identifies each customer who opens an account. When you open an account, we will ask for your name, address, date of birth, social security or tax ID number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Business Information

Business Name: _____   Tax ID Number: _____   Business Type: [_____]

Business DBA: _____   Business Phone: _____   Business Email: _____

Business Address: _____   Mailing Address: _____

Primary Contact Name: _____   Contact Phone: _____   Contact Email: _____

Account Signer / Authorities

Name _____   Date of Birth _____   SSN/Tax ID _____   ☐ All Powers   ☐ Check Signer

Title _____   Work Email _____   Direct Phone _____   Cell Phone _____

ID Type _____   ID Number _____   Issued By _____   Exp. Date _____   Issue Date _____

Name _____   Date of Birth _____   SSN/Tax ID _____   ☐ All Powers   ☐ Check Signer

Title _____   Work Email _____   Direct Phone _____   Cell Phone _____

ID Type _____   ID Number _____   Issued By _____   Exp. Date _____   Issue Date _____

Name _____   Date of Birth _____   SSN/Tax ID _____   ☐ All Powers   ☐ Check Signer

Title _____   Work Email _____   Direct Phone _____   Cell Phone _____

ID Type _____   ID Number _____   Issued By _____   Exp. Date _____   Issue Date _____

Name _____   Date of Birth _____   SSN/Tax ID _____   ☐ All Powers   ☐ Check Signer

Title _____   Work Email _____   Direct Phone _____   Cell Phone _____

ID Type _____   ID Number _____   Issued By _____   Exp. Date _____   Issue Date _____

Accounts & Services

Account Type: [_____]   Nickname: _____   Account Number: _____   ☐ E-Statement   ☐ Paper Statement

Account Type: [_____]   Nickname: _____   Account Number: _____   ☐ E-Statement   ☐ Paper Statement

Account Type: [_____]   Nickname: _____   Account Number: _____   ☐ E-Statement   ☐ Paper Statement

Account Type: [_____]   Nickname: _____   Account Number: _____   ☐ E-Statement   ☐ Paper Statement

Business checking accounts default to E-Statements which also require the use of Business Online Banking.

Preferred email address to receive E-Statement notifications: _____

Please provide the contact name for Checks and Cash Management Services: _____   Contact Phone Number: _____

For Bank Use Only

Entity: ☐ New   ☐ Existing   Port: _____ ☐ New   ☐ Existing   ☐ Group Analysis   Group Analysis Charge Account: _____

Date Opened: _____   Amount Deposited: $ _____   Source of Funds: _____   Sweep Needed: _____

Relationship Manager: _____   Cash Management Contact: _____   Opened By: _____   Verified By: _____

Deluxe Detect: _____   OFAC/PLC/FSE: _____   BSA RA: _____

Comments: