



BUSINESS IDENTIFICATION

Legal Business Name \_\_\_\_\_ NAICS Code \_\_\_\_\_
Tax ID Number \_\_\_\_\_ State Incorporated/Registered \_\_\_\_\_ Business ID# \_\_\_\_\_
Type of Business \_\_\_\_\_ U.S. Owned and Operated [ ] YES [ ] NO, \_\_\_\_\_
Type of Ownership [ ] Sole Proprietor [ ] Limited Partnership [ ] LLC [ ] Corporation [ ] NonProfit 501(c)3 [ ] Other \_\_\_\_\_

ADDRESS and CONTACT INFO

Street Address \_\_\_\_\_
City, State, ZIP \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Country \_\_\_\_\_
Mailing Address \_\_\_\_\_
City, State, ZIP \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Country \_\_\_\_\_
Business Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

BUSINESS ACTIVITIES

Table with 2 columns: 'Do any of the following pertain to the business?' and 'Are you interested in any of these additional services?'. Includes checkboxes for various business types and services like 'Registered Money Service Business', 'Large Cash or Coin Services', etc.

DISCLOSURE and SIGNATURE

By signing below you authorize us to verify any information provided to us by you and to obtain your credit report from an applicable credit reporting agency now or at any time in the future and you further authorize any such agency to furnish us with your credit and financial history information as well as the information we deem necessary to comply with the USA PATRIOT Act.

Authorized Signer: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_
Authorized Signer: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information is protected by our privacy policy and federal law.

**BUSINESS SIGNER  
NAME and IDENTIFICATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Title \_\_\_\_\_

U.S. Citizen  YES  NO Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Resident Alien  ITIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Non-Resident Alien  W8-BEN  Home Country \_\_\_\_\_

ID Type  Driver's License Issued by  State of \_\_\_\_\_ ID # \_\_\_\_\_

Passport  Country of \_\_\_\_\_

Gov't ID  Gov't Agency Issue Date \_\_\_\_\_

OTHER [identify]  OTHER [identify] Expiration Date \_\_\_\_\_

**ADDRESS and CONTACT INFO**

Street Address \_\_\_\_\_ APT# \_\_\_\_\_

City, State, ZIP \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Country \_\_\_\_\_

Mailing Address \_\_\_\_\_ APT# \_\_\_\_\_

City, State, ZIP \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Country \_\_\_\_\_

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

**BUSINESS SIGNER  
NAME and IDENTIFICATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

U.S. Citizen  YES  NO Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Resident Alien  ITIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Non-Resident Alien  W8-BEN  Home Country \_\_\_\_\_

ID Type  Driver's License Issued by  State of \_\_\_\_\_ ID # \_\_\_\_\_

Passport  Country of \_\_\_\_\_

Gov't ID  Gov't Agency Issue Date \_\_\_\_\_

OTHER [identify]  OTHER [identify] Expiration Date \_\_\_\_\_

**ADDRESS and CONTACT INFO**

Street Address \_\_\_\_\_ APT# \_\_\_\_\_

City, State, ZIP \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Country \_\_\_\_\_

Mailing Address \_\_\_\_\_ APT# \_\_\_\_\_

City, State, ZIP \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Country \_\_\_\_\_

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

**BANK USE ONLY**

Application Date:	E Funds Auth #:	CSR	Account #
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**INITIAL REVIEW**

**CSRs: Forward the completed application, completed checklists and identifying documents to Compliance for processing:**

Review the customer's response to high risk service questions on page 1 of the application:	CSR Action Required
<input type="checkbox"/> Registered Money Service Business	Do Not Open – the bank does not do business with MSBs
<input type="checkbox"/> Exchanges currency, cashes checks, or issues prepaid cards to customers in excess of \$1000 per day.	Do Not Open – advise customer that this is Money Service Business Activity that requires the business to be registered as such with the State. The Bank does not do business w/ MSBs.
<input type="checkbox"/> Deals in BitCoin	Do Not Open
<input type="checkbox"/> Engages in Internet Gambling	Do Not Open
<input type="checkbox"/> Create checks for customer payment based on verbal or electronic authorization via phone or online	Do Not Open
<input type="checkbox"/> Marijuana Related Business	Do Not Open
<input type="checkbox"/> Lottery Sales	OK to Open – Report to Compliance Department for monitoring.
<input type="checkbox"/> Beer/Wine/Liquor	OK to Open – Report to Compliance Department for monitoring.
<input type="checkbox"/> Charitable /Private Non-Profit Organization	Ok to Open with <b>Charitable Organization Checklist</b> completed prior to opening. Includes IRS 501(c)(3) Charitable Organizations, Churches and Religious Organizations, Private Foundations, and other Non-Profits , IRS 527 Political Organizations.
<input type="checkbox"/> Cash Intensive Business (restaurant, bar, convenience grocery store, other: _____)	Ok to Open with <b>Cash Intensive Business Checklist</b> completed prior to opening.
<input type="checkbox"/> ATM on Premises	OK to Open with <b>Privately Owned ATM Checklist</b> completed prior to open. Advise the customer they should expect to receive a call from someone in the back office to update ATM owner/operator information periodically.
<input type="checkbox"/> Cash Services	Ok to Open – Determine whether the customer's need for coin and currency services will influence the branch supply or armored car delivery needs. Communicate with Head Teller regarding any special requirements.
<input type="checkbox"/> International Wires	Ok to Open – Identify Receiving Country(ies):

**DENIED APPLICATIONS**

Application Denied: <input type="checkbox"/> Due to Credit Verification <input type="checkbox"/> Due to CIP/OFAC/SDN Verification <input type="checkbox"/> For MLR Reasons
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**COMMENTS**


**Privately Owned ATM Checklist**

Legal Business Name \_\_\_\_\_

ATM Location Address(es) \_\_\_\_\_

Select either YES or NO below, and complete the corresponding questions:

**NO – ATM is NOT OWNED and/or OPERATED by our Customer**

If the ATM is NOT owned or serviced by our customer and our customer’s accounts are not being used to provide cash for the ATM or to settle ATM transaction activity,

1. Identify the Owner/Operator (e.g. name of bank or ATM contractor that is leasing space at or customer’s location):  
\_\_\_\_\_
2. Obtain copy of lease agreement; if not available, describe the nature of the agreement between our customer and the ATM owner/operator: \_\_\_\_\_  
\_\_\_\_\_

**YES – ATM is OWNED and/or OPERATED by our Customer**

If the ATM IS owned, operated or serviced by our customer and/or our customer’s accounts will be used to provide cash for the ATM or to settle ATM transaction activity,

1. Identify the ISO and obtain a copy of the ISO agreement – this is the agreement the customer has to process the ATM transactions through the ACH clearing network to the business account.  
\_\_\_\_\_
2. Identify the source of cash for the ATM, how will the machine cash be replenished? (E.g. armored car contract, lending agreement, store proceeds, account withdrawals, etc.)  
\_\_\_\_\_
3. If the ATM is to be funding with cash from the business or withdrawals from a TBOB account, what is the average amount of cash used for replenishment? What is the frequency of replenishment? Will the replenishment affect branch cash levels?  
\_\_\_\_\_
4. If the ATM transaction activity is to be processed through an account at The Bank of Bennington, identify the account numbers affected: \_\_\_\_\_

Completed by:	Date:	Reviewed by:	Date:
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**Cash Intensive Business Checklist**

Legal Business Name \_\_\_\_\_

Primary Business Activity \_\_\_\_\_

**Business Activity**

What type of business activity is conducted at the customer location? Check all that apply:

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Convenience/Grocery Store | <input type="checkbox"/> Liquor      | <input type="checkbox"/> Restaurant       |
| <input type="checkbox"/> Lottery Sales             | <input type="checkbox"/> Smoke Shop  | <input type="checkbox"/> Bar              |
| <input type="checkbox"/> Gasoline Sales            | <input type="checkbox"/> ATM Onsite  | <input type="checkbox"/> Club/Association |
| <input type="checkbox"/> Prepaid Cards             | <input type="checkbox"/> Other _____ |   |

**Expected Cash Volumes**

\$ \_\_\_\_\_  Daily  Weekly  Monthly  Other \_\_\_\_\_

**Business Registration**

Verify Business Registration via Secretary of State Business Search Engine (attach print out or complete this section):

State \_\_\_\_\_ Business ID \_\_\_\_\_ Business Type \_\_\_\_\_ Status \_\_\_\_\_

Registered Agent \_\_\_\_\_

Principals: \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_

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Principals: \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_

Completed by:	Date:	Reviewed by:	Date:
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### Charitable Organization Checklist

Legal Name \_\_\_\_\_

Physical Address of Headquarters \_\_\_\_\_

1. Purpose and Objective of Stated Activities \_\_\_\_\_

2. Donor and Volunteer Base Location

County \_\_\_\_\_  State \_\_\_\_\_  New England  U.S.  North America  International

3. Funding Sources (business donations, foundations, private person.) \_\_\_\_\_

\_\_\_\_\_

4. Disbursement Criteria (who benefits from funds) \_\_\_\_\_

5. Organizational Structure

Determine who has the authority to make changes to the account? If this is a local chapter of the organization, is there a state or federal hierarchy that the local chapter reports to? Collect bylaws, business resolutions, or other documentation outlining organizational structure and control. \_\_\_\_\_

6. Geographic Location Served

County \_\_\_\_\_  State \_\_\_\_\_  New England  U.S.  North America  International

7. Tax Exempt Documentation (e.g. IRS 501(c)(3), IRS 527, etc.) \_\_\_\_\_

8. Vermont Secretary of State Business Search

State \_\_\_\_\_ Business ID \_\_\_\_\_ Business Type \_\_\_\_\_ Status \_\_\_\_\_

Registered Agent \_\_\_\_\_

Principals: \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_

Principals: \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_

Principals: \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_

Principals: \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_

Completed by:	Date:	Reviewed by:	Date:	Risk Assigned:
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