



**Customer Information File
Non Individual**

| Customer Information | |
|--|--|
| EIN: | Entity Name: |
| Physical address: | |
| Mailing Address: | |
| Phone: | Fax: |
| Website: | E-mail address: |
| Authorized Signer Information | |
| <i>*If required to identify signers, Complete and Attach Information to be Obtained for Customer Info File (Individuals)</i> | |
| Name: | Title: |
| Name: | Title: |
| Name: | Title: |
| Documentary Identity Verification | |
| Primary Documentation | Other Documentation |
| Documentary ID Type (Articles of Incorporation, Partnership Agreement, Trust Agreement, Certificate of Good Standing, Other): _____ <ul style="list-style-type: none"> Date of issuance _____ Issued by _____ --Documentation of above attached Y or N | <ul style="list-style-type: none"> Chexsystems: _____ Credit Bureau: _____ OFAC comparison: _____ OFAC : _____ Thank You sent date: _____ |
| Customer Due Diligence Information | |
| Account type: Account number: _____ _____ _____ | Purpose of the account: _____ Source of funds: _____ Type/Nature of Business: _____ _____ Non Gov't Organization or Charity? Y or N |
| Other Information | |
| Permission to provide information via E-Mail Circle Y or N Estimated monthly cash deposits: \$ _____ Estimated volume of domestic funds transfers: _____ per week Estimated volume of foreign funds transfers: _____ per week | |