



Business Account Form

Important Notice

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to:

-) Obtain, verify, and record information that identifies an account's signer(s); and
-) Validate that no names associated with an account are included on a government watch list.

For verification purposes, Community Bank of the Bay (CBB) requests each account signer's name, address, date of birth, and social security number.

Account Information

Legal Name of Business		DBA (if applicable)	
Business Address			
Mailing Address (if different from above)		Referral Source (i.e. Website, Event, Customer Referral, etc.)	
Business Phone	Business Fax	Website Address	Tax ID
Describe the nature of business			NAICS (CBB only)

Select Entity Structure:

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> 501© (Non-Profit) |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Other _____ |

Indicate which of the following services your business would like to use:

- | | |
|---|---|
| <input type="checkbox"/> ATM/Debit Card(s) | <input type="checkbox"/> Online Banking |
| <input type="checkbox"/> Bill Pay | <input type="checkbox"/> Mobile Banking |
| <input type="checkbox"/> Electronic Statements | <input type="checkbox"/> Paper Statements (\$5 fee) |
| <input type="checkbox"/> Remote Deposit Capture | |

Document Checklist (additional information may be required)

Corporation	Sole Proprietorship	Limited Liability Company
<input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> By-Laws	<input type="checkbox"/> Business License	<input type="checkbox"/> Operating Agreement <input type="checkbox"/> Articles of Organization (LLC-1)
Limited or General Partnership	Non-Profit	If Applicable
<input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Certificate of Partnership (LP-1)	<input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> By-Laws <input type="checkbox"/> IRS Verification of 501© Status	<input type="checkbox"/> Fictitious Name Statement <input type="checkbox"/> Certification of Qualification <input type="checkbox"/> Articles of Association (for unincorporated organization)





Business Account Form

First Signer			
Name			Social Security #
Physical Address, City, State, Zip			Home Phone
Date of Birth	Birth City	Mother's Maiden Name	Cell Phone
ID & State of Issuance		Dates of ID Issuance & Expiration	ID Verified by (CBB only)
Employer Name and Address			Work Phone
Relationship to Business (job title)		Profession	Email Address
Second Signer			
Name			Social Security #
Physical Address, City, State, Zip			Home Phone
Date of Birth	Birth City	Mother's Maiden Name	Cell Phone
ID & State of Issuance		Dates of ID Issuance & Expiration	ID Verified by (CBB only)
Employer Name and Address			Work Phone
Relationship to Business (job title)		Profession	Email Address
Third Signer			
Name			Social Security #
Physical Address, City, State, Zip			Home Phone
Date of Birth	Birth City	Mother's Maiden Name	Cell Phone
ID & State of Issuance		Dates of ID Issuance & Expiration	ID Verified by (CBB only)
Employer Name and Address			Work Phone
Relationship to Business (job title)		Profession	Email Address

