



# Money Service Business (MSB)

## Account Opening Questionnaire

In order for Unity Bank to establish a deposit relationship with you, we are required to have a full understanding of your business and business needs. Please complete the questionnaire and provide it to your Unity Bank Representative along with the requested documentation to better assist with the account opening process.

By providing this information, it will allow for further review and quick decisioning to determine if a deposit relationship can be established.

### **Instructions:**

- One questionnaire per TAX ID # is needed.
- Unity Bank requires the entire MSB relationship therefore; please fill out information on this questionnaire for each account
- Please complete the application in its entirety. Areas with an (\*) are required.

Created: 4/15/2020  
Approved: 6/30/2020  
Updated: 7/21/2020

# MSB Customer

Relationship Profile									
<b>*MSB Information</b>									
Business Name:									
DBA Name:									
Mailing Address:									
City:		State:		Zip:		County:			
Physical Address:									
City:		State:		Zip:		County:			
Tax ID#:			Business Phone #:						
Cellular Phone #:			Business E-mail:						
Are you a Marijuana Related Business (MRB) or affiliated with an MRB?    Yes    No									
<b>*Customer Risk Profile</b>									
What is your gross annual revenue?									
How many employees do you have?									
Who is your current bank?    Regional Bank    Community Bank    Credit Union Other (Online Banks)									
Reason for leaving previous bank:    Did not leave current bank    Location Customer Service    Fees    Lack of Products    Rates									
What is the website of your business?									
Who will be conducting transactions at the branch? Store Employee    Runner    Family Member    Other:									
What % revenue comes from MSB Activities?									
What is your customer base?    Local Customers Non-Local (other countries, states or cities)    Both Local and Non-Local									
<b>*Signer Information – 1</b>									
Signer Name:									
Home Address:									
City:		State:		Zip:		County:			
Mailing Address:									
City:		State:		Zip:		County:			
DOB:			SSN:						
Cellular Ph. Number:			Home Ph. Number:						
Business Ph. Number:			Email Address:						
Mother's Maiden Name:			US Citizen:    Yes    No						
Employer:			Occupation:						
Signer on accounts (noted below)    Operating    Vendor    Lottery    ATM									
Are you involved in the government (an elected official)?    Yes    No									
What specific area of government? Local    Regional (Domestic)    National (Domestic)    Foreign    N/A									
Who is your current bank for personal use?    Regional Bank    Community Bank    Credit Union Other (Online Banks)									

<b>*Signer Information – 2</b>										
Signer Name:										
Home Address:										
City:		State:		Zip:		County:				
Mailing Address:										
City:		State:		Zip:		County:				
DOB:					SSN:					
Cellular Ph. Number:					Home Ph. Number:					
Business Ph. Number:					Email Address:					
Mother's Maiden Name:					US Citizen:		Yes	No		
Employer:				Occupation:						
Signer on accounts (noted below)    Operating    Vendor    Lottery    ATM										
Are you involved in the government (an elected official)?    Yes    No										
What specific area of government? Local    Regional (Domestic)    National (Domestic)    Foreign    N/A										
Who is your current bank for personal use?    Regional Bank    Community Bank    Credit Union    Other (Online Banks)										
<b>*Signer Information – 3</b>										
Signer Name:										
Home Address:										
City:		State:		Zip:		County:				
Mailing Address:										
City:		State:		Zip:		County:				
DOB:					SSN:					
Cellular Ph. Number:					Home Ph. Number:					
Business Ph. Number:					Email Address:					
Mother's Maiden Name:					US Citizen:		Yes	No		
Employer:				Occupation:						
Signer on accounts (noted below)    Operating    Vendor    Lottery    ATM										
Are you involved in the government (an elected official)?    Yes    No										
What specific area of government? Local    Regional (Domestic)    National (Domestic)    Foreign    N/A										
Who is your current bank for personal use?    Regional Bank    Community Bank    Credit Union    Other (Online Banks)										

<b>*Signer Information – 4</b>							
Signer Name:							
Home Address:							
City:		State:		Zip:		County:	
Mailing Address:							
City:		State:		Zip:		County:	
DOB:				SSN:			
Cellular Ph. Number:				Home Ph. Number:			
Business Ph. Number:				Email Address:			
Mother's Maiden Name:				US Citizen:		Yes No	
Employer:				Occupation:			
Signer on accounts (noted below)    Operating    Vendor    Lottery    ATM							
Are you involved in the government (an elected official)?    Yes    No							
What specific area of government? Local    Regional (Domestic)    National (Domestic)    Foreign    N/A							
Who is your current bank for personal use?    Regional Bank    Community Bank    Credit Union    Other (Online Banks)							
<b>*Business Ownership Information – please list all individuals with 25% or more of ownership and indicate if they will be a signer on the account</b>							
Owner Name		% Ownership		Signer		Control Person	
1.				Yes	No	Yes	No
2.				Yes	No	Yes	No
3.				Yes	No	Yes	No
4.				Yes	No	Yes	No
Owners Home Address:							
Street Address		City		State		Zip	
						Own or Rent	
1.						Own	Rent
2.						Own	Rent
3.						Own	Rent
4.						Own	Rent

<b>*Operating Account Information</b>			
Account Title:			
Would you like the account title to be printed on bank documents?	Yes	No	
Who referred you to Unity Bank?	Not referred by anyone		
Employee Name:		Other:	
How much will you be opening the account with?			
What type of funds will you be using to open the account?	Cash    Transit Check    On Us Check    Internal Transfer    External Transfer		
Entity Type:			
If LLC, is this a	C-Corp	S-Corp	Partnership
What will the account be used for?	Operating	Payroll	Escrow
	Investment Account	Savings	Holdings
	Personal Use	Other	Expenses    Loan Auto Draft
<b>*Vendor Account Information</b>			
Account Title:			
Would you like the account title to be printed on bank documents?	Yes	No	
How much will you be opening the account with?			
What type of funds will you be using to open the account?	Cash    Transit Check    On Us Check    Internal Transfer    External Transfer		
Entity Type:			
What will the account be used for?	Operating	Payroll	Escrow
	Investment Account	Savings	Holdings
	Personal Use	Other	Expenses    Loan Auto Draft
<b>*Lottery Account Information</b>			
Account Title:			
Would you like the account title to be printed on bank documents?	Yes	No	
How much will you be opening the account with?			
What type of funds will you be using to open the account?	Cash    Transit Check    On Us Check    Internal Transfer    External Transfer		
Entity Type:			
What will the account be used for?	Operating	Payroll	Escrow
	Investment Account	Savings	Holdings
	Personal Use	Other	Expenses    Loan Auto Draft
<b>*ATM Account Information</b>			
Account Title:			
Would you like the account title to be printed on bank documents?	Yes	No	
How much will you be opening the account with?			
What type of funds will you be using to open the account?	Cash    Transit Check    On Us Check    Internal Transfer    External Transfer		
Entity Type:			
What will the account be used for?	Operating	Payroll	Escrow
	Investment Account	Savings	Holdings
	Personal Use	Other	Expenses    Loan Auto Draft

<b>*On-Site ATM Information</b>				
Is there an ATM on premise?    Yes    No				
Who fills your ATM with cash? Business Owner    ATM Owner    Third Party    N/A				
Is your ATM:    Owned    Leased    Rented Space    N/A				
Average cash added monthly to ATM:				
<b>*Anticipated Account Activity</b> (based on monthly \$ average)				
Complete for each account title	Operating	Vendor	Lottery	ATM
Average Cash Deposit:				
Average Cash Withdrawal:				
Average Check Deposit:				
Average Checks Written:				
Average Recurring ACH Credit:				
Average Recurring ACH Debit:				
Average Internet/Phone ACH Credit:				
Average Internet/Phone ACH Debit:				
Average International ACH Credit				
Average International ACH Debit:				
<b>*Anticipated Wire Activity</b> (based on monthly average and conducted on own behalf)				
Complete for each account title	Operating	Vendor	Lottery	ATM
Anticipated # Domestic Wires:				
Average \$ Domestic Wire Credit:				
Average \$ Domestic Wire Debit:				
Anticipated # International Wires:				
Average \$ International Wire Credit:				
Average \$ International Wire Debit:				
<b>*Anticipated MSB Activity</b> (based on monthly \$ average on services offered)				
Complete for each account title	Operating	Vendor	Lottery	ATM
Average Bill Pay Transmitted:				
Average Currency Exchanged:				
Average Travelers Check Cashed:				
Average Travelers Check Issued:				
Average Money Orders Cashed:				
Average Money Orders Issued:				
Average Redeemed Prepaid Cards:				
Average Prepaid Cards Sold:				
Average Redeemed Money Transmitted:				
Average Money Transmitted Issued:				

<b>Additional Information:</b>		
How did you hear about Unity Bank?		
Is business already open for business?    Yes    No		
If no, when will it be opened for business?		
What is the nature of your business?		
What products/services do you provide?		
Does your business accept credit cards for payments?    Yes    No		
If yes, who is your Merchant Services Provider?		
What other business entities do you own?		
What type of accounts do you have with your current financial institution?		
Are you planning on moving your entire relationship to Unity Bank?    Yes    No		
If no, why?		
Who are you agents of (i.e.: Western Union, Money Gram, etc.)?		
Have you seen our advertising? Billboard    Newspapers    On-line    Social Media    TV    Radio    N/A		
<b>Forms of Identification (ID)</b>		
<b>Primary ID</b>	<b>Secondary ID</b>	
Unexpired State Driver's License with photo	Unexpired local employee ID card with photo	
Unexpired State ID card with photo and signature	Unexpired Student ID card with photo and school year	
Valid US government or military ID with photo, signature, physical description and expiration date	Current Utility or Cable Bill issued within the last 90-days	
Unexpired US Passport with picture	Unexpired Credit/Debit Card	
Unexpired US Alien registration card (Green Card)	Original Birth Certificate with raised seal	
Armed Forces Photo ID Card	Tax Bill	
<b>Required Documentation</b>		
<b>Please provide the below documentation to your Unity Bank Representative:</b>		
<input type="checkbox"/> Primary ID for each Signer	<input type="checkbox"/> Secondary ID for each Signer	<input type="checkbox"/> SSN for each Signer
<input type="checkbox"/> Mother's Maiden Name for each signer	<input type="checkbox"/> Cell Phone Numbers for each signer	<input type="checkbox"/> Certificate of EIN
<input type="checkbox"/> Names and ID of any business owners that directly or indirectly own 25% or more of equity interest	<input type="checkbox"/> Name of one (1) person that controls, manages or will direct the deposit account (this person can be an owner)	<input type="checkbox"/> Copy of Corporate Papers, i.e.: Articles of Incorporation, Corporate Resolution, Certificate of Formation, Doing Business As or Trading As paperwork
<input type="checkbox"/> ATM Network Provided Contract if you have an ATM on-site and own it	<input type="checkbox"/> ATM Network Provider Contract and Contract with owner/lease if you have a leased ATM on-site	<input type="checkbox"/> Current ATM Funding Agreement and Agreement/Contract of ATM owner if a 3 <sup>rd</sup> party ATM on-site
<input type="checkbox"/> Vendor contract for the following services: Money Orders, Pre-Paid Phones, Bill Pay, Gift Card Resale, Crypto Currencies, Pre-Paid Cards and Money Transmitting		
<input type="checkbox"/> Copy of most recent bank statement		
<b>If you do not have the above documentation or have questions, please reach out to your Unity Bank representative for further direction.</b>		

**Preparer Information**

I hereby state that the information above is true, to the best of my knowledge. I also confirm the information here is both accurate and complete and relevant information has not been omitted.

Preparer Printed Name:	
Preparer Signature:	
Title:	
Phone Number:	
Date Completed:	

**Branch Use Only**

Received By:			
Date Received:			
CIP Information Received:	Yes	No	Date Account Opened:
NAICS Code:			
Account Opened By:			
Opening Amount:			
Source of Funds:			
Account #		CRM ID#	
			Port #

**Area Manager Recommendation:**