



Non-Profit Organization (NGO) 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 #
- If requesting to open multiple accounts, please fill out each account section depending on number of accounts being opened
 - if only opening 1 account, please only fill out sections for “account #1”
- Please complete the questionnaire in its entirety. Areas with an (*) are required

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

Non-Profit Organization (NGO)

Relationship Profile									
*Organization Information									
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									
*Customer Risk Profile									
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									
Is this a home-based business? Yes No									
Is this an internet/online business? Yes No									
What is the website of your business?									
Is your business seasonal? Yes No									
What is your busiest season? Winter Spring Summer Fall N/A									
*Signer Information – 1									
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) Account 1 Account 2 Account 3 Account 4									
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)									

*Signer Information – 2									
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): Account 1 Account 2 Account 3 Account 4									
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)									
*Signer Information – 3									
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): Account 1 Account 2 Account 3 Account 4									
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)									

*Signer Information – 4										
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)		Account 1	Account 2	Account 3	Account 4					
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)					
*Business Ownership Information – please list all individuals with 25% or more of ownership and indicate if they will be a signer on the account										
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			
*Account Information										
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	Expenses	Loan Auto Draft	Personal Use				
Other										

*Account Information (account #2; only complete if more than 1 account is needed)				
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	Expenses	Loan Auto Draft
Personal Use	Other			
*Account Information (account #3; only complete if more than 2 accounts are needed)				
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	Expenses	Loan Auto Draft
Personal Use	Other			
*Account Information (account #4; only complete if more than 3 are accounts needed)				
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	Expenses	Loan Auto Draft
Personal Use	Other			
*On-Site ATM Information				
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:				

*Anticipated Account Activity (based on monthly cash average)				
Only complete columns 2,3 & 4 when more than 1 account is needed	Account #1	Account #2	Account #3	Account #4
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:				
*Anticipated Wire Activity (based on monthly average)				
Only complete columns 2,3 & 4 when more than 1 account is needed	Account #1	Account #2	Account #3	Account #4
Anticipated #Domestic Wires:				
Average \$ Domestic Wire Credit:				
Average \$ Domestic Wire Debit:				
Anticipated # International Wires:				
Average \$ International Wire Credit:				
Average \$ International Wire Debit:				
Additional Information:				
How did you hear about Unity Bank?				
Is business already open for business? Yes No				
If no, when will it be opened for business?				
How many years has this organization been in service?				
List the names of the organization trustees:				
How many locations do you have?				
What geographic location do you serve?				
If you serve a location outside of the US, please provide country names:				
How much revenue does the organization earn?				
How does your organization fundraise or generate revenue?				
Who are you fundraising for?				
What other business entities do you own?				
What type of accounts do you have with your current financial institution?				
Does your business accept credit cards for payment? Yes No				
If yes, who is your Merchant Services provider?				
Are you planning on moving your entire relationship to Unity Bank? Yes No				
If no, why?				
Have you seen our advertising?				
Billboard Newspapers On-line Social Media TV Radio N/A				

Home Based Business Information:		
Will work be done at your residence? Yes No		
What is your relationship to this residential address? I live at the home I rent the home for my business only		
Will your work be done away from your residence? Yes No		
Will you have any employees? Yes No		
Does your home-based business use vehicles? Yes No		
How many total vehicles?		
Where are those vehicles parked?		
Will your business use any outside storage or yard space?		
How do you get customers? Word of mouth/referrals Website Social Media		
Who are your suppliers?		
What services do you provide?		
What forms of payment do you accept from your customers?		
Forms of Identification (ID)		
Primary ID	Secondary ID	
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	
Required Documentation		
Please provide the below documentation to your Unity Bank Representative:		
<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"/> Copy of Letter from IRS with EIN or awarding tax exempt status
<input type="checkbox"/> Organizational Agreement, if applicable	<input type="checkbox"/> Association Resolution	<input type="checkbox"/> Copy of most recent bank statement
If you do not have the above documentation or have questions, please reach out to your Unity Bank representative for further direction.		
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:				