

Arthur State Bank - **Business Deposit Account Application**

Please complete, print, sign and mail this completed application to:

Arthur State Bank Attn: Online Banking Dept. P.O. Box 5135 Spartanburg, SC 29304

Please include:

1. Initial deposit
2. Provide the appropriate resolution (click on the appropriate link to print):
[Corporate Resolution](#) [Sole Proprietorship Resolution](#) [Resolution of Association](#)
[Partnership Resolution](#) [Limited Liability Company Resolution](#)
3. Signed application (all authorized signers)
4. All authorized signers should send:
A) Copy of Drivers License, B) Copy of Social Security Card

Deposits should be in the form of a personal check (subject to holds), cashier check or money order. All applications are subject to approval and applicants must be at least 18 years of age and a South Carolina resident.

Important information about procedures for opening a new account

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 each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Type of Account (Please check only one)

- | | |
|--|---|
| <input type="checkbox"/> Basic Business Checking | <input type="checkbox"/> Super Now Business Checking |
| <input type="checkbox"/> Corporate Checking | <input type="checkbox"/> Business Investment Account |
| <input type="checkbox"/> Business Money Market Account | <input type="checkbox"/> Certificate of Deposit (CD)* |
| <input type="checkbox"/> Free Commercial Checking | |

*For Certificates of Deposit (CD), please list the desired term: _____

Terms and rates are located in the [Current Rates](#) section of our website. All CD's are automatically renewable.

Account Ownership

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation - for profit |
| <input type="checkbox"/> Corporation – nonprofit | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Associations or Cooperatives - for profit | <input type="checkbox"/> Professional Associations |
| <input type="checkbox"/> Associations or Cooperatives – nonprofit | <input type="checkbox"/> Limited Liability Company |

Business Information

Business Name _____ Tax Identification Number _____

Mailing Address _____ City State Zip _____

Physical Address _____ City State Zip _____

Phone Number _____ Fax Number _____

E-mail Address _____ Your Current Bank _____

Primary Authorized Signer

Name (First M. Last) _____

Social Security Number _____ Date of Birth _____

Mailing Address _____ City State Zip _____

Physical Address _____ City State Zip _____

Home Phone _____ Day Phone _____ Drivers License Number _____

E-mail Address _____ Mother's Maiden Name _____

Secondary Authorized Signer - (if applicable)

Name (First M. Last) _____

Social Security Number _____ Date of Birth _____

Mailing Address _____ City State Zip _____

Physical Address _____ City State Zip _____

Home Phone _____ Day Phone _____ Drivers License Number _____

E-mail Address _____ Mother's Maiden Name _____

Other Authorized Signer - (if applicable)

Name (First M. Last) _____

Social Security Number _____ Date of Birth _____

Mailing Address _____ City State Zip _____

Physical Address _____ City State Zip _____

Home Phone _____ Day Phone _____ Drivers License Number _____

E-mail Address _____ Mother's Maiden Name _____

Other Authorized Signer - (if applicable)

Name (First M. Last) _____

Social Security Number _____ Date of Birth _____

Mailing Address _____ City State Zip _____

Physical Address _____ City State Zip _____

Home Phone _____ Day Phone _____ Drivers License Number _____

E-mail Address _____ Mother's Maiden Name _____

Check Order Information

Do you want to order business checks? Yes No

If so, a bank representative will contact you to place an order.

Additional Information - Please have someone contact us about:

- Business loan or a line of credit Online Banking VISA and MasterCard Merchant Services
 ACH origination service for direct payroll deposit or drafting client accounts

For more information, please visit www.arthurstatebank.com.

Taxpayer ID Information

Taxpayer ID Number - The Taxpayer identification number shown above (TIN) is my correct taxpayer identification number. Yes No

Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. Yes No

Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.

- Yes No

I expressly authorize Arthur State Bank to obtain and verify any information from my employer, any credit reporting agencies, any other person or source as may be desired in connection with representations made in this application.

- Yes No

Signature(s)

How many signatures will this account require to initiate transactions? _____

The undersigned agree(s) to the terms stated in this application, and acknowledge(s) receipt of a completed copy on today's date. The undersigned also agree(s) that the information in this application is accurate and true. All appropriate disclosures and account information will be mailed to the mailing address provided in this application. If the undersigned do not accept the terms of the disclosures, it is the responsibility of the undersigned, to send written notice to the financial institution, before any customer initiated account activity occurs.

Primary Authorized Signature:

_____ **Date:** _____

Secondary Authorized Signature:

_____ **Date:** _____

Additional Authorized Signature:

_____ **Date:** _____

Additional Authorized Signature:

_____ **Date:** _____