

Walker State Bank  
Business Account Opening Application  
Authorized Business Signers Application  
Non-Consumer Accounts Only

\* \_\_\_\_\_  
(Initials)      **The business identified below certifies that it does not engage in an Internet gambling business within the meaning of Federal Reserve Regulation GG.**

**Business Information:**

**Please Print**

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Web Site/E-Mail Address: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ (Note: If Applied for, get copy of the Application)

**Legal Organization of Business:**

Bank/Financial Institution \_\_\_\_\_ Government Entity \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Estate \_\_\_\_\_ Trust \_\_\_\_\_ Unincorporated Organization/Association (Club) \_\_\_\_\_

**\*Exempted - No Appendix A -Beneficial Ownership Form Is Required\***

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\*Nonprofit Corporation \_\_\_\_\_ Charity \_\_\_\_\_

**\*Partial Exemption - collect control prong of Appendix A -Beneficial Ownership Form only\***

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For Profit Corporation \_\_\_\_\_ Limited Liability Company \_\_\_\_\_ Single Member LLC \_\_\_\_\_

Limited Partnership \_\_\_\_\_ General Partnership \_\_\_\_\_ Trust filed with the Secretary of State \_\_\_\_\_

**\*Appendix A (Beneficial Ownership Form) Is required for both control and ownership prong unless one of these 3 questions are answered yes. (Collect documentation and place in customer file)\***

1. Publicly Traded Company (listed on a major exchange)?    Yes    No
2. Subsidiary of a Publicly Traded Company?                    Yes    No
3. State Regulated Insurance Company?                        Yes    No

Business Filed with the Secretary of State?    Yes    No      State of Registration: \_\_\_\_\_

Type of Business/Description of Business Activities: \_\_\_\_\_

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• Federal Regulation requires that the Bank have on file verification of customer's identification. Please be aware as part of our identification process we will request a copy of your Registration with the State in which you are filed and/or a copy of your taxpayer identification number assignment.

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**Signer Information:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Tax ID/SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail (optional): \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State/Entity: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Verified By: \_\_\_\_\_

**The Information I have provided is Correct to the Best of My Knowledge. I Authorize the Walker State Bank to check credit and/or employment history should it deem necessary.**

X \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Account Owner or Authorized Signer)

**Signer Information:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Tax ID/SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail (optional): \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State/Entity: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Verified By: \_\_\_\_\_

**The Information I have provided is Correct to the Best of My Knowledge. I Authorize the Walker State Bank to check credit and/or employment history should it deem necessary.**

X \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Account Owner or Authorized Signer)

- Federal Regulation requires that the Bank have on file verification of customer's identification. Please be prepared to have our new accounts staff review and copy driver's license or other identifying information.