

NEW BUSINESS ACCOUNT REQUEST FORM



FOR BANK USE ONLY

Branch # IB Representative:

Account Number:

SAVINGS

- 1.02% 13-month Business Certificate of Deposit
- Other Business Certificate of Deposit Term:
- Business Express Money Market

CHECKING

- Simple Business Checking
- Advance Business Checking
- Business Analysis Checking

of Accounts Requested:

Please select additional services available with your account:

- Check order
- 24 voice transfer capability
- Business Online Banking

A debit card will be automatically ordered for all checking accounts unless this box is marked:

- Decline** Debit Card

Business Information

Business Name	
Type of Business	
Tax ID Number	
Business Address	
City, State, Zip	
Business Phone	
Business Email	

Personal Information

	Business Signers	Business Signers
First Name		
Middle Name		
Last Name		
Address		
City, State, Zip		
Social Security Number		
Primary Phone		
Email		
Birth date		
Driver's License #		
Driver's License State		
Driver's License Issue & Expiration Dates		
Other ID Type & Information Verified		
Mother's Maiden Name		
Employer/Position		

Contact Preference (*check one*): Email Postal Mail

BUSINESS DOCUMENTS REQUIRED:

- Corporation:** Articles of incorporation
- Limited Liability Company (LLC):** Articles of organization
- DBA/Sole Proprietorship:** Copy of recorded assumed name certificate (*DBA Papers*)
- Partnership:** Copy of partnership agreement and/or resolution
- Home Owners Association (HOA):** Articles of incorporation or association papers



CUSTOMER DUE DILIGENCE: (Business Verification Questions)

- What is the purpose of the account? [] Payroll [] General Operations [] Settlement Account
- Who are the majority of your customers? [] Consumer [] Other Business
- Will deposits represent (circle one): [] Cash Sales [] Credit Cards Sales [] Check Sales
- Do you expect seasonal fluctuation in account activity? [] Spring [] Summer [] Fall [] Winter
- Do you engage in the business of Internet gambling? [] Yes [] No
- Do you provide payment processing services to merchants other than business entities? [] Yes [] No
- Will the business be engaging in check cashing activities? [] Yes [] No
If yes, will these checks exceed \$1,000 per customer on any given day? [] Yes [] No
- Will the business be selling or redeeming money orders? [] Yes [] No
If yes, will these money orders exceed \$1,000 per customer on any given day? [] Yes [] No
- Will the business be selling or redeeming traveler's checks? [] Yes [] No
If yes, will these traveler's checks exceed \$1,000 per customer on any given day? [] Yes [] No
- Will the business be selling or redeeming store valued cards? [] Yes [] No
If yes, will these store value cards exceed \$1,000 per customer on any given day? [] Yes [] No
- Will you be authorized as an agent to sell or distribute any MSB services? [] Yes [] No
- Do you own or operate an Automated Teller Machine (ATM)? [] Yes [] No
If yes, will deposits or withdrawals from the ATM be made into this account? [] Yes [] No
- Will you be conducting any international business? [] Yes [] No
If yes, will the international business include ACH transactions/ wire transfers? [] Yes [] No
- Will the international transactions exceed \$10,000 per month? [] Yes [] No
- Which countries will send/ receive the international ACH transactions/ wire transfers?
- Do you anticipate sending wire transfer at all? [] Yes [] No
If yes, will the amount exceed \$10,000 a month? [] Yes [] No

Please return your application, copies of two (2) pieces of identification for all signers, business documentation, business resolution, and check for funding (if applicable) to:

Flagstar Bank-Internet Banking Department
301 West Michigan Avenue MS 4-323
Jackson, MI 49201
Fax Number: (248) 250-5551

We will process and open your account within 48 hours. Based on funding, you will receive a welcome email once the initial deposit is received and account opening is complete. To speak with a representative, please call (800) 642-0039 or email us at inbound@flagstar.com.

ACCEPTABLE IDENTIFICATION LIST:

Primary Identification (Please send one of the following):

- ✓ Valid state driver's license or valid state ID card
- ✓ Valid US passport or US passport card

Secondary Identification (Please send one of the following):

- ✓ Current car registration
- ✓ Birth certificate
- ✓ Current pay stub (within past 30 days)
- ✓ Current utility bill with name and address matching the primary ID (shut off notices are NOT acceptable)
- ✓ Company ID card with a photo from a known local company
- ✓ Insurance card or voter registration card
- ✓ Student enrollment verification from the registrar's office of a local college or university



DEPOSIT INFORMATION AND ACCEPTANCE OF TERMS AND CONDITIONS:

Deposit Amount: \$

Wire transfer *(instructions will be provided once account is open)*

ACH transfer *(ACH funding instructions and authorization agreement, complete only if account is being funded by ACH transfer)*

Financial Institution Name:		
Routing Number:		
Account Type is Restricted to Business (✓ one):		
<input type="checkbox"/> Business Checking		<input type="checkbox"/> Business Savings
Account Number:		
Amount of One Time Authorized Debit:		
\$		
<p>I acknowledge that I am an authorized signer on the above referenced account ("the account") and authorize Flagstar Bank to initiate a one-time ACH debit transfer of funds from the account for credit to the new Flagstar Bank account to be opened upon acceptance and processing of this new account application..</p> <p>This authorization is valid only to initiate a one-time ACH debit transfer of funds from the financial institution listed above located in the United States and cannot be applied to any other transaction(s) on the account. The origination of the ACH transaction to the account must comply with the provisions of U.S law and is bound by the <i>NACHA Operating Rules</i>.</p> <p>Funds from the ACH transfer to your Flagstar Bank account will be processed 3-5 business days after submission of this application/authorization for the ACH debit transfer. For assistance, inquiries, or to revoke this authorization, please call Flagstar Bank at (800) 642-0039.</p>		
Authorized Signer Printed Name:	Authorized Signer Signature:	Date:
<p>If funding the new account via wire transfer, wire funds to routing number 2724-7185-2 and general ledger 203100010054 Attn: Internet Banking. Please notify inbound@flagstar.com once the wire has been initiated with dollar value of wire. Once the application is complete, please fax to (248) 250-5551 or scan and email to inbound@flagstar.com. We will process and open your account upon receipt and approval. We will email your signature card and business resolution with new account disclosures for your signature. Please return the signed documents via fax or email within 10 days.</p>		

BACKUP WITHHOLDING CERTIFICATIONS:

Taxpayer I.D. Number – The Taxpayer Identification Number (TIN) shown above is my correct taxpayer identification number

Backup Withholding – I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding.

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

SIGNATURE: I certify under penalty of perjury that the information I have provided with respect to Backup Withholding Certification is correct. I acknowledge that I received a copy of the Deposit Account Terms and Conditions that govern this account, and I agree to be bound by them, including any amendments. I give Flagstar Bank permission to verify my credit and employment history as part of the account opening. I understand that the IRS only requires that I certify the information that I have provided with respect to my Backup Withholding Certification and does not require my consent to the Deposit Account Terms and Conditions.

Signatures:

x

x

Upon approval, your account will be opened within 48 hours after you submit this signed and completed request form to a Flagstar Representative.

Please complete another form if more than two signers are on the account.

WHAT TO EXPECT ONCE WE RECEIVE YOUR APPLICATION:

- ✓ We will process and open your account within 48 hours.
- ✓ Based on your preference (email or standard mail), we will send your signature card and business resolution with new account disclosures for your review and signature.

If requested, please return your signed signature card and business resolution to us within 10 business days. You can send your signature card to Flagstar Bank by mail, fax, or email to inbound@flagstar.com. Please note: If we do not receive your signed signature card and business resolution within 10 business days, we will close your account and refund you the balance of the account.