



**Business Account Information/Identification Worksheet**  
**Non-Personal/Business Account**  
**\*ALL INFORMATION IS REQUIRED\***

Business/Entity Name: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
 Tax Identification Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_  
 Date Entity Established: \_\_\_\_\_ Email Address (if available): \_\_\_\_\_  
 Type/Nature of Business/Entity: \_\_\_\_\_ Website (if available): \_\_\_\_\_  
(Please be specific, i.e. real estate investments, non-profit – PTA, home owner association, etc.)

Account Number(s): \_\_\_\_\_  
 Amount of Opening Deposit: \$ \_\_\_\_\_  
 Source of Funds:  Cash \$ \_\_\_\_\_  
                    Check \$ \_\_\_\_\_  
                    Internal Transfer \$ \_\_\_\_\_  
                    Other \$ \_\_\_\_\_

Trade area: Where do you conduct the majority of your business?  Local (greater Seattle and/or Puget Sound Region)  WA State  National  International

What is your average monthly revenue (mark one)?  \$0-\$1,000  \$3,001-\$4,000  
 \$1,001-\$2,000  \$4,001-\$5,000  
 \$2,001-\$3,000  \$5,001 and up

Does your business routinely conduct transactions with foreign companies or countries?  Yes  No

If yes indicate companies or countries: \_\_\_\_\_

Do you plan to make *cash or check deposits* to this account(s)?  Yes  No  
 If yes, estimated frequency is:  Daily  Weekly  Monthly  
 If yes, estimated amount of cash or check deposits are:  under \$3,000  \$3,000-\$10,000  over \$10,000

Do you plan to make *cash or check withdrawals* from this account(s)?  Yes  No  
 If yes, estimated frequency is:  Daily  Weekly  Monthly  
 If yes, estimated of cash or check withdrawals are:  under \$3,000  \$3,000-\$10,000  over \$10,000

Do you plan to accept *electronic deposits* (i.e. direct deposit, ACH) to this account(s)?  Yes  No  
 If yes, estimated frequency is:  Daily  Weekly  Monthly

Do you plan to initiate *electronic withdrawals* (i.e. recurring automatic withdrawal, ACH) from this account(s)?  Yes  No  
 If yes, estimated frequency is:  Daily  Weekly  Monthly

Do you plan to conduct *wire transfers* through this account(s)?  Yes  No  
 If yes, estimated frequency is:  Daily  Weekly  Monthly  
 If yes, estimated amount of wire transfers are:  under \$3,000  \$3,000-\$10,000  over \$10,000  
 If yes, wire transfers are:  Domestic  Foreign  Both

Do you plan to conduct other transactions through this account(s)?  Yes  No

If yes, please specify:

Do you/will you use an FSBNW-issued VISA® Debit Card?

Yes

No

Do you/will you use FSBNW's Online Business Banking product?

Yes

No

If yes, will you use Online Bill Payment?

Yes

No

Do you have proprietary ATM installed on your premises?

Yes

No

If yes, indicate who services this machine:

Do you/will you perform *wire/money transfer services* in any amount for **YOUR** customers (i.e. Western Union, Money Gram, etc.)?

Yes

No

Do you/will you *cash checks* for **YOUR** customers in amounts greater than \$1,000.00 for any person on any day in one or more transactions?

Yes

No

Are you/will you be the issuer of *traveler's checks, money orders or stored value cards* for **YOUR** customers in amounts greater than \$1,000.00 for any person on any day in one or more transactions?

Yes

No

Are you/will you be the seller or redeemer of *traveler's checks, money orders, or stored value cards* for **YOUR** customers in amounts greater than \$1,000.00 for any person on any day in one or more transactions?

Yes

No

Are you/will you be acting as a coin/currency exchange dealer for **YOUR** customers in amounts greater than \$1,000 for any person on any day in one or more transactions?

Yes

No

**The information I have provided is correct to the best of my knowledge. I authorize FSBNW to verify through third-party sources, including credit report agencies, the information provided on this form.**

**I certify that the business entity identified in this worksheet does not currently, nor will ever be engaged in an Internet gambling business within the meaning of Federal Reserve Regulation GG. Additionally, I certify that any account(s) established in the future and subsequent transactions will not involve any funds derived from an Internet gambling business. Should FSBNW become aware of Internet gambling transactions processed through this or subsequent account(s) held by the business referenced on this form, FSBNW reserves the right to close such account(s) without prior notice.**

\_\_\_\_\_  
Signature of Authorized Signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Signer

**\*\*\*\*FOR BANK USE ONLY\*\*\*\***

Information Collected By:

\_\_\_\_\_  
Signature of Bank Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Bank Employee