

**NOTE: 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 you 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.**

DEPOSIT ACCOUNT APPLICATION				
BUSINESS ACCOUNTS				
Name of Business			Taxpayer ID Number (Sole Proprietor-SSN)	
Name of Representative(s)				
Address (Include City & Zip Code)				
Statements To Be Mailed To (If different from above)				
Home Telephone Number of Representative		Business Telephone Number		Business Fax Number
MONEY SERVICE BUSINESS				
Do you/will you cash checks? <input type="checkbox"/> Yes or <input type="checkbox"/> No				
Do you/will you perform wire transfer services (Moneygram, Western Union, etc.)? <input type="checkbox"/> Yes or <input type="checkbox"/> No				
Do you/will you sell money orders? <input type="checkbox"/> Yes or <input type="checkbox"/> No				
Types of deposits/withdrawals typically made? <input type="checkbox"/> Cash, <input type="checkbox"/> Checks, <input type="checkbox"/> Electronic, <input type="checkbox"/> Wire Transfers (domestic or foreign), <input type="checkbox"/> Other (more than one may be listed), if Other, specify:				
Type of Business Entity (check one)				
<input type="checkbox"/> Corporation		<input type="checkbox"/> Corporation Non-Profit		<input type="checkbox"/> Partnership
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Unincorporated Organization (Club, Association, etc.)		
<input type="checkbox"/> Other				
I certify that the above information is true and complete, and authorize American Bank to verify the information and obtain further information concerning my credit history, standing and deposit accounts maintained with other institutions.				
Authorized representative _____			Title _____ Date _____	
Do you accept MasterCard/Visa or Discover cards?			If yes, which cards?	
Is your payroll direct deposit?			Do you offer 401K or similar retirement plans for you employees?	
FOR INTERNAL USE ONLY				
<b>Corporation:</b>	Articles Of Corporation	Bylaws	Minutes	Corporate Resolution
<b>LLC/Partnerships:</b>	Art. Of Organization	Operating Agreement	List of Managers	Organization Res.
Date	Port #	Interviewed By	Account #	Initial Deposit
Online Banking	OFAC	High Risk Entity <input type="checkbox"/> Yes or <input type="checkbox"/> No	Date Verified	Verified By

See Attached for Discrepancies (If Checked)

08/05