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Presidential Bank
ATTN: New Accounts
4520 East-West Highway
Bethesda, MD 20814

Internet Commercial Account Application

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Instructions

Businesses must be located in MD, DC or VA and State registered to use this application

- Please complete the 7 page form below and follow the instructions for each section.
- Mail this form, along with your initial deposit, to the above address. Please include copies of the Articles of the Organization (i.e. Articles of Incorporations, Partnership Agreement etc), Company Resolution (verifying authorized signers) and EIN Verification (i.e. EIN Registration approval letter, previous year Tax Filings). Other documents may be required.
- Asterisk (*) next to the application field indicates it is required.

Important Account Opening Information: Federal law requires all financial institutions to obtain, verify and record required information that identifies each person who opens an account, as a part of ongoing federal anti-terrorism and anti-money laundering efforts. Therefore, when you open an account, we are required by law to obtain your name, address, date of birth, and other information that we believe will allow us to accurately identify you. We may ask to see a copy of your driver's license or other identifying documents. We may also ask for similar identifying information concerning individuals with authority or control over any account, even if it is not in their own name

Beginning May 11, 2018, new federal regulations require all banks to ask business customers who are opening an account for the identifying information (name, address, date of birth, social security number) of the business' "beneficial owners". The rule defines a beneficial owner as:

- Each individual that owns 25 percent or more of the company; and
- One individual that has the authority to exercise control of the business (such as a CEO, executive officer or treasurer)

This information is required under the Bank Secrecy Act and is intended to assist the government and law enforcement in the ongoing fight against money laundering and the financing of terrorism.

Please select the appropriate form based on the account type you are opening. The completed form **must** be included with your application in order for us to open an account along with a copy of a valid driver's license or passport for the control person and each beneficial owner.

[Certification of Beneficial Ownership for Checking or Savings Account](#)

[Certification of Beneficial Ownership for Certificate of Deposit](#)

*Internet Account Type

Choose Only One Account (one account per application).

Commercial Checking Commercial Money Market Advantage Commercial Money Market
Statement Savings Premier Savings CD Term: _____

*Initial Deposit

Please provide us with your initial deposit amount.

Amount: \$ _____ Check enclosed Transfer from my existing account# _____

*Account Ownership

Choose only one Account Ownership

Corporation – for profit Corporation – nonprofit
Partnership Limited Liability _____
Other _____

Company Name: _____ Tax ID #: _____

Company Address: _____

Mailing Address (if different): _____

**Email: _____ Phone: _____ Website: _____

** Email will be used for email deposit notifications

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Account Signer Information

* Mr. Ms. Mrs. First Name: _____ MI: ____ Last Name: _____
* Email Address: _____
* Home Phone: _____ Office Phone: _____ Cell Phone: _____
* Date of Birth: (MMDDYYYY) Month _____ Day _____ Year _____
* Social Security / Tax ID No.: _____
* Driver's License / State ID Number: _____ License / ID State: _____
* Home/Physical Address (P.O. Box Not Allowed): _____
City: _____ ST: _____ Zip Code: _____
* Employee Title: _____ * Occupation: _____

Account Signer Information

* Mr. Ms. Mrs. First Name: _____ MI: ____ Last Name: _____
* Email Address: _____
* Home Phone: _____ Office Phone: _____ Cell Phone: _____
* Date of Birth: (MMDDYYYY) Month _____ Day _____ Year _____
* Social Security / Tax ID No.: _____
* Driver's License / State ID Number: _____ License / ID State: _____
* Home Address: _____ City: _____ ST: _____ Zip Code: _____
* Employee Title: _____ * Occupation: _____

Account Signer Information

* Mr. Ms. Mrs. First Name: _____ MI: ____ Last Name: _____
* Email Address: _____
* Home Phone: _____ Office Phone: _____ Cell Phone: _____
* Date of Birth: (MMDDYYYY) Month _____ Day _____ Year _____
* Social Security / Tax ID No.: _____
* Driver's License / State ID Number: _____ License / ID State: _____
* Home Address: _____ City: _____ ST: _____ Zip Code: _____
* Employee Title: _____ * Occupation: _____

Account Signer Information

* Mr. Ms. Mrs. First Name: _____ MI: ____ Last Name: _____
* Email Address: _____
* Home Phone: _____ Office Phone: _____ Cell Phone: _____
* Date of Birth: (MMDDYYYY) Month _____ Day _____ Year _____
* Social Security / Tax ID No.: _____
* Driver's License / State ID Number: _____ License / ID State: _____
* Home Address: _____ City: _____ ST: _____ Zip Code: _____
* Employee Title: _____ * Occupation: _____

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*Signature Card - TIN/Backup Withholding

Please provide Tax ID, Sign and Date below:

Reporting TIN: _____

Important: Under penalties of perjury, I certify that the number shown above is my correct taxpayer identification number, I am a U.S. person (including U.S. resident alien), and that (check appropriate box):

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

I am subject to backup withholding. (Percentage of interest will be withheld)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The FATCA (Foreign Account Tax Compliance Act) code(s) entered on this form (if any) indicate that I am exempt from FATCA reporting is correct. Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

ALL AUTHORIZED SIGNERS MUST SIGN BELOW:

The undersigned hereby applies to Presidential Bank, FSB (the Bank) to open the account described above. I/we have reviewed the Bank's Deposit Account Rules and Regulations, Account Portfolio, Fee Schedule, Check Hold Policy, Electronic Funds Transfer Act Disclosure & Agreement and Privacy Policy and agree to be bound by their terms. For income tax reporting purposes, the Bank will assign income earned on this account to the social security number or taxpayer identification number designated as customer #1 or Trust Tax ID in the application. All accounts are subject to review and final approval by the Bank. I/we agree that the Bank may obtain employer references and credit reports when deemed appropriate for purposes of account acceptance.

_____	Date	_____
Signature 1	mm/dd/yyyy	Signature 2
_____		_____
Signature 3		Signature 4

Additional Services

Note: Email Deposit Receipt Notifications are standard with all Internet Accounts.

Yes, I want checks (Upon account opening, a representative will contact you to determine style and quantity)

[Fax Authorization Form](#) (i.e. Wire funds via faxed request). If checked, Fax Authorization Form must be completed, signed and returned with this application.

We've Gone Green! Online statements are standard with all transactional accounts opened online or via mailed in application. You may view, print and save your Online Historical Statements and Check/Deposit images using [Online Business Banking](#). Online Business Banking requires a separate application. Click [here](#) to access the application.

Select this box _____ only to receive mailed paper statements in addition to electronic statements. By clicking here, you will receive a monthly paper statement with check images.

Email Deposit Notifications are standard with all Internet Accounts. Upon receipt of a deposit to your account, we will send you a message. No personal account or transactional information is sent – use [Online Business Banking](#) to get the transaction details.

Email CD maturity notifications, if applicable, are standard with all Internet CD's, excluding 30day certificates. We will continue to generate and mail paper maturity notices to CD customers approximately 30 days prior to renewal.

Comments

How did you hear about Presidential Bank?

Family/Friend	Website	Washington Post Ad	Online Ad
Other Print Ad: _____		Bank Staff Referral	Search Engine: _____
I am a current customer	Radio: _____		Direct Mail
Other:			

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Commercial Account Review Form

All information below is required for commercial accounts.

GENERAL ACCOUNT INFORMATION:

Account Name _____

Account Address _____

Account Number (s) _____, _____, _____

Account Signer Name _____ Account Signer Name _____

Account Signer Name _____ Account Signer Name _____

Account Signer Name _____ Account Signer Name _____

Owner Name _____

Owner Name _____

Are any owners or signers of the business a non-US Citizen? _____ No _____ Yes

If yes, list country of citizenship: _____

If yes, has the corporation, business or entity been formed, or is for the benefit of, a senior political figure? _____ No _____ Yes

A senior foreign political figure is a senior official in the executive, legislative, administrative, military or judicial branches of a foreign government (whether elected or not), a senior official of a major foreign political party, or a senior executive of a foreign government-owned corporation.

Date account opened _____ Opening Balance _____

Source of Funds for Opening Deposit _____

Does the business have multiple locations? _____ No _____ Yes

Will transactions be conducted at multiple branches?

If so, which branches? _____

Does the business have other accounts with Presidential? If yes, list account numbers:

BUSINESS SPECIFIC INFORMATION:

Business Ownership: _____ Sole Proprietor _____ Partnership _____ Corporation

_____ LLC _____ Other

Brief Description of Business:

Business Address _____

PURPOSE OF ACCOUNT:

General Operating Account _____ Payroll Account _____ Other _____

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Commercial Account Review - continued

All information below is required for commercial accounts.

EXPECTED MONTHLY VOLUMES:

CASH

Cash Deposits: ___ No ___ Yes

Expected monthly amount: \$ _____ Expected # of transactions: _____

Source of funds: _____

Cash Withdrawals: ___ No ___ Yes

Expected monthly amount: \$ _____ Expected # of transactions: _____

Reason for cash out activity: _____

WIRE TRANSFERS

Fax Wire Authorization on File ___ No ___ Yes

Wire Transfers Incoming: ___ No ___ Yes **If yes, complete incoming wire information:**

Expected monthly incoming amount: \$ _____ Expected # of incoming wires: _____

Source of wire-in activity _____

Will any of the incoming wires be received from foreign countries: ___ No ___ Yes

If yes, list name of countries _____

Wire Transfers Outgoing: ___ No ___ Yes **If yes, complete outgoing wire information:**

Expected monthly outgoing amount: \$ _____ Expected # of outgoing wires: _____

Reason for outgoing wires _____

Will any of the outgoing wires be sent to foreign countries: ___ No ___ Yes

If yes, list name of countries _____

ACH TRANSACTIONS

___ No ___ Yes

Expected Incoming # _____ Expected Monthly Incoming \$ _____

Source of Incoming ACH Activity _____

Expected Outgoing# _____ Expected Monthly Outgoing \$ _____

Expected Payees _____

INTERNATIONAL ACH TRANSACTIONS

___ No ___ Yes

Expected Incoming # _____ Expected Monthly Incoming \$ _____

Source of Incoming International ACH Activity _____

Expected Outgoing # _____ Expected Monthly Outgoing \$ _____

Expected Payees International ACH Activity _____

Purpose of IAT transactions _____

CASHIER'S CHECKS

___ No ___ Yes

Expected monthly# of purchases _____ Expected monthly purchase\$ _____

Reason for monetary instrument activity _____

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Commercial Account Review - continued

All information below is required for commercial accounts.

BUSINESS SERVICES:

Does the business offer any of the following financial services, methods of payment or engage in bank prohibited activities?

- Currency dealer or Exchanger _____ No _____ Yes
- Cash checks in amounts greater than \$1000.00 per day _____ No _____ Yes
- Issue or Sell of Traveler's Checks or Money Orders _____ No _____ Yes
- Money Transmitter _____ No _____ Yes
(i.e., Western Union or Money Gram)
- Seller of Prepaid Cards/Stored Value Cards _____ No _____ Yes
(i.e., Phone Cards, Gift Cards, Pre-Paid Cards)
- Provide Pay-day loan services _____ No _____ Yes

Does the business issue, exchange or redeem virtual currency? _____ No _____ Yes

Does the business perform on line gambling? _____ No _____ Yes

Is the business a marijuana related business? _____ No _____ Yes

If yes to any of the above questions, Bank policy prohibits you from opening the account.

Does the business buy/ sell services outside of the United States? _____ No _____ Yes

Does the business have an ATM on-site? _____ No _____ Yes

- *If yes, is the ATM privately owned, or* _____ *No* _____ *Yes*
- *If yes, is the ATM sponsored by a bank* _____ *No* _____ *Yes*

NONGOVERNMENTAL ORGANIZATIONS (NGO) AND CHARITIES:

NGOs are private nonprofit organizations that pursue activities intended to serve the public good. Also included in this category are religious and political organizations.

Is the business or organization a non-profit, non-governmental organization (NGO) or charity?

_____ No _____ Yes

If yes, obtain IRS letter from the entity confirming their organization 501(c) (3)-(19) eligibility.

If yes, provide the following information related to the nonprofit, NGO or charity:

Purpose and objective of the organization's activities:

Geographic Locations Served:

Its affiliation with other NGOs, governments or groups:

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Commercial Account Review - *continued*

All information below is required for commercial accounts.

EMBASSY ACCOUNTS:

Is the business account for an Embassy or Foreign Consulate: _____ No _____ Yes

If yes, Bank policy prohibits you from opening the account.

FOR BANK USE ONLY:

Branch Information:

Account opened at Name of Branch: _____

Account Opened By: _____

Operations Department Information:

NAICS Code _____ TAG Code _____ HRC Code _____

Operations Employee _____ Date of Review _____