



240-333-9059 • 800-383-6266 • fax 301-951-3582 • [www.presidential.com](http://www.presidential.com)

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

## Internet Commercial Account Application

Page 1 of 7

### 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.

### \*Internet Account Type

Choose Only One Account (one account per application).

Commercial Checking  
Statement Savings

Commercial Money Market  
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  
Partnership  
Other \_\_\_\_\_

Corporation – nonprofit  
Limited Liability \_\_\_\_\_

Company Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Company Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

\*\*Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Website: \_\_\_\_\_

\*\* Email will be used for email deposit notifications

### 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: \_\_\_\_\_

# Internet Commercial Account Application

Page 2 of 7

## 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: \_\_\_\_\_

## Comments

# Internet Commercial Account Application

Page 3 of 7

## \*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.

_____	<b>Date</b>	_____
<b>Signature 1</b>	mm/dd/yyyy	<b>Signature 2</b>
_____		_____
<b>Signature 3</b>		<b>Signature 4</b>

## 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 [Commercial Cash Management](#). Commercial Cash management 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 [Commercial Cash Management](#) 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.

## 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 _____	

# Internet Commercial Account Application

Page 4 of 7

## 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 \_\_\_\_\_

# Internet Commercial Account Application

## 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 \_\_\_\_\_

# Internet Commercial Account Application

## 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:

# Internet Commercial Account Application

Page 7 of 7

## 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 \_\_\_\_\_