



Date: _____

Prepared By: _____

Thank you for inquiring about our business accounts. Help us get to know you by answering a few questions.

Business Name: _____	FEIN/TIN/SSN: _____
Business Type: _____	Business Phone: _____
Business Email: _____	Applicant Mobile Phone: _____
Business Website Address: _____	Social Media Platforms: _____
Current Financial Institution: _____	Using Night Drop?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Locations: _____	Number of Employees: _____
Business Physical Address: _____	

Business Details

We want to know more about your business!

Date business was established: _____

What market(s) do you serve? _____

What products and/or services does your business offer? _____

Is your business a subsidiary of another? Yes No

o you have expansion plans? Yes No

Are you planning to acquire another business? Yes No

Does the business engage in one or more of the activities below? Check all that apply.

<input type="checkbox"/>	1. Business is a Registered/Unregistered Money Service Business (MSB).
<input type="checkbox"/>	2. Any part of the business is related to the selling/manufacturing of cannabis/marijuana products.
<input type="checkbox"/>	3. Business intends to operate a Campaign Account.
<input type="checkbox"/>	4. Business' main location or parent office is located outside the United States of America.
<input type="checkbox"/>	5. Domestic business is not chartered within the State of Texas.
<input type="checkbox"/>	6. Business is a consumer or commercial lender other than a bank or credit union.
<input type="checkbox"/>	7. Business is a gambling, gaming, or sweepstakes establishment.
<input type="checkbox"/>	8. Business is a currency dealer or exchange or accepts foreign currency.
<input type="checkbox"/>	9. Business cashes checks for customers or employees.
<input type="checkbox"/>	10. Individual or business is a Private ATM owner.
<input type="checkbox"/>	11. Business transmits wires for the public or other businesses.
<input type="checkbox"/>	12. Business is a used clothing retailer/wholesaler (<i>ropa usada</i>).
<input type="checkbox"/>	13. Business intends to establish a Private Banking relationship.
<input type="checkbox"/>	14. Business intends to establish a Foreign Correspondent Account.



If any items 1 thru 14 above are checked, the account will not be opened.

Does the business engage in one or more of the activities below? Check all that apply.

- 15. Business sells lottery tickets, money orders, prepaid access cards or gift cards.
16. Business makes cash withdrawals/deposits greater than \$2500 more than once a week.
17. Business makes regular cash purchases of money orders or cashier's checks.
18. Business is a professional services provider (lawyer, accountant, insurance agent, investment broker, loan broker, or other third party acting as a financial liaison for clients).
19. Business issues payroll to employees in cash.
20. Business is an armament, weapon, or ammunition manufacturer/dealer.
21. Business has operations, including customers and clients, outside of the United States of America.

Electronic Banking Questionnaire

We are ready to serve you! How can we help your business bank electronically?

Expected Wire Types [] None [] Domestic [] International [] Both Reason(s):

Sources/Destinations of Wires

How many incoming wires per month? Total incoming wires per month? \$

How many outgoing wires per month? Total outgoing wires per month? \$

List the countries from which you may receive international wires

Note: If any country listed above is prohibited by OFAC sanctions, the application will be forwarded to management for secondary review. Rally Credit Union does not issue international wires.

Electronic Banking Needs [] Direct Deposit [] Internet Banking/Bill Pay [] Debit Card [] Transfers [] Mobile Deposit [] ACH Origination* [] Wire Origination* [] Other [] Positive Pay *Requires separate underwriting.

Expected Account Activity [] Business Checking [] Business Loan [] Merchant Services [] Other

Help us understand your business's expected normal activity so we can better serve you. Please complete to the best of your knowledge. If more than one box checked, multiple accounts may be necessary.

Intended Use: [] Payroll [] Operating [] Accounts Payable/Receivable [] Expense [] Escrow [] Trust/Concentration [] Texas Series LLC [] General [] Other



Expected Monthly Activity

For each of the following categories, please enter the frequency and average of each dollar amount per month.

Deposits

How many times per month will cash be deposited?	_____	Average dollar amount of each deposit:	\$ _____
How many times per month will checks be deposited?	_____	Average dollar amount of each deposit:	\$ _____
How many ATM deposits per month?	_____	Average dollar amount of each deposit:	\$ _____
Indicate <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Both			
How many ACH deposits per month?	_____	Average dollar amount of each deposit:	\$ _____

Withdrawals

How many times per month will cash be withdrawn?	_____	Average dollar amount of each withdrawal:	\$ _____
How many times per month will cashier's checks or money orders be purchased?	_____	Average dollar amount of each item:	\$ _____
How many ACH withdrawals per month?	_____	Average dollar amount of each withdrawal:	\$ _____
How many ATM withdrawals per month?	_____	Average dollar amount of each withdrawal:	\$ _____
Currency Exchanges Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many times per month?	_____
		Average amount for each exchange:	\$ _____

Signature and Confirmation

We are glad that you are considering banking with us, and we are eager help your business prosper!

I agree that the above information is true to the best of my knowledge.

Printed Name: _____ **Title:** _____
Signature: _____ **Date:** _____

I agree that the above information is true to the best of my knowledge.

Printed Name: _____ **Title:** _____
Signature: _____ **Date:** _____

I agree that the above information is true to the best of my knowledge.

Printed Name: _____ **Title:** _____
Signature: _____ **Date:** _____