



BUSINESS DEPOSIT ACCOUNT APPLICATION

BUSINESS NAME: _____
PHYSICAL ADDRESS: _____
MAILING ADDRESS: _____
PRIMARY CONTACT: _____ BUSINESS PHONE: _____
IRS EIN: _____ ENTITY TYPE: _____
Spur Checking Gold Spur Business Savings CD
Gold Spur Checking Nonprofit Gold Spur Money Market Safe Deposit Box

AUTHORIZED SIGNER INFORMATION

LEGAL NAME: _____ DATE OF BIRTH: _____
PHYSICAL ADDRESS: _____
HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____
EMAIL ADDRESS: _____
DL NUMBER: _____ STATE: _____ ISSUE: _____ EXP: _____
EMPLOYER: _____ OCCUPATION: _____
SOCIAL SECURITY #: _____ US CITIZEN: YES: _____ NO: _____
ARE YOU OR AN IMMEDIATE FAMILY MEMBER A POLITICALLY EXPOSED PERSON (PEP)? YES: _____ NO: _____
SIGNATURE: _____ DATE: _____

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BANK USE ONLY

BRANCH: _____ TRB OFFICER: _____ TRB REP: _____ OPENING PROCESS: _____ OPENING DATE: _____
CUSTOMER STATUS: NEW CUSTOMER EXISTING CUSTOMER ASSOCIATED RELATIONSHIPS: _____
BUSINESS CIF: _____ AUTH SIGNER 1 CIF: _____ AUTH SIGNER 2 CIF: _____
ACCT NUMBER: _____ OPENING DEPOSIT: _____ SOURCE OF FUNDS: _____
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