**Business Information**

|  |  |
| --- | --- |
| **Existing Customer:** | Yes  No |
| **Business Name:** |  |
| **EIN:** |  |
| **Entity Creation Date:** |  |
| **E-Mail:** |  |
| **Physical Address:** |  |
| **Mailing Address:** (If Different) |  |
| **County:** |  |
| **Phone Number:** |  |
| **Description of Business:** |  |
| **Internet Gambling:**  (Does this business engage in internet gambling?) | Yes  No |

**Business Customer Signature Date**

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| --- | --- |
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*(I certify that the above information is true and correct. I authorize Legacy State Bank to run a ChexSystems report prior to opening my account.)*

**Office Use Only**

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| --- | --- | --- |
| **Identification Type:** | Trust Agreement  Estate/Guardianship Agreement EIN Letter  Business License Partnership Agreement Articles of Inc.  Verification with GA SOS Operating Agreement if an LLC  By-Laws if an Incorporation Board Resolution | |
| **Verafin OFAC Check:**  (Does the customer’s name appear on a government watch-list?) | | Yes  No |
| **CDD Form Completed In Verafin:** | | Yes  No  NA (loans only) |
| **Beneficial Ownership Completed:** | | Yes  No |
| **Risk Rating Based On Opening Of The Account:** | | Low (Existing or Local New Customer, CD or IRA)  Medium (Out of Bank’s Market Area, Professional Service Providers, Non-Government Organizations)  High (Cash Intensive, Money Service Business [MSB], Cannabis, Crypto, Private ATM, Quick Bank Customer) |

**Customer Service Representative Date**

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| --- | --- |
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