



Bank of Houston

Non-Personal Account Application

ACCOUNT SET-UP INFORMATION

Ownership Type: Association/Organization Corporation Sole Proprietorship (DBA) Estate IOLTA
 Limited Liability Company Partnership Trust Not-for-Profit Other: _____

Account Type: Account Analysis Money Market NOW Small Business Checking CD

Account Services: VISA Debit Card Online Banking / Bill Pay Remote Deposit Lock Box Cash Sweep/ZBA Sweep
 Merchant Services Night Deposit Positive Pay ACH Direct Deposit Wire Transfer
 e-statements Other (Please Describe): _____

NOTE: Additional forms may be required when enrolling in additional services.

ENTITY INFORMATION

Legal Name		Taxpayer ID Number	Organization Date
DBA Name(s)			
Description of Business, Nature of Operations or Activities		Previous Bank Relationship	
Street Address (No P.O. Box)	City	State	Zip
Mailing Address (If Different from Street Address)	City	State	Zip
Telephone (Primary)	Telephone (Alternate)	Website Address	

FOR CORPORATE RESOLUTIONS

President	Vice President	Treasurer	Secretary
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AUTHORIZED SIGNER

First, Middle, Last Name		Social Security Number	Date of Birth
Street Address (Residence, Physical address is required, No P.O. Box)	City	State	Zip
Mailing Address (If Different from Street Address)	City	State	Zip
Home Phone	Business Phone / Ext,	Email Address	
Home Fax	Business Fax	Home Cell	Business Cell
Employer		Occupation Profession / Title	
Identification Type	ID Number	Expiration Date	State Issued
		Place of Issuance	Date of Issuance

I certify that the above information is true and complete, and authorize you to verify the above information and to obtain further information concerning my credit history and standing and deposit accounts maintained with other institutions. I confirm that all credits to the account are and will be beneficially owned by the named business entity. I agree to notify you, within 30 days, of any changes to the foregoing information.

Authorized Signer Signature X	Date
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**Additional copies of page 2 may be used as needed to accommodate multiple authorized signers.*

AUTHORIZED SIGNER					
First, Middle, Last Name			Social Security Number		Date of Birth
Street Address (Residence, Physical address is required, No P.O. Box)			City	State	Zip
Mailing Address (If Different from Street Address)			City	State	Zip
Home Phone	Business Phone / Ext,		Email Address		
Home Fax	Business Fax		Home Cell	Business Cell	
Employer			Occupation Profession / Title		
Identification Type	ID Number	Expiration Date	State Issued	Place of Issuance	Date of Issuance

I certify that the above information is true and complete, and authorize you to verify the above information and to obtain further information concerning my credit history and standing and deposit accounts maintained with other institutions. I confirm that all credits to the account are and will be beneficially owned by the named business entity. I agree to notify you, within 30 days, of any changes to the foregoing information.

Authorized Signer Signature X	Date
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AUTHORIZED SIGNER					
First, Middle, Last Name			Social Security Number		Date of Birth
Street Address (Residence, Physical address is required, No P.O. Box)			City	State	Zip
Mailing Address (If Different from Street Address)			City	State	Zip
Home Phone	Business Phone / Ext,		Email Address		
Home Fax	Business Fax		Home Cell	Business Cell	
Employer			Occupation Profession / Title		
Identification Type	ID Number	Expiration Date	State Issued	Place of Issuance	Date of Issuance

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Authorized Signer Signature X	Date
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FOR BANK USE ONLY

Initial Deposit Source		Initial Deposit Amount	Initial Deposit Method <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other	
CIP Verified By	CIP Date	CIP Discrepancies and Resolution (Indicate "None" if no discrepancies noted.)		
Comments:				
Opened By	Reviewed By	Branch	Officer	



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1. What industry is your business part of? (NAICS code is required)

2. Is this entity a charitable organization? YES/NO
 - a. If YES, What type of charitable organization?

3. Do you own or operate ATM machines? YES/NO
 - a. If YES, How many?

4. Will you cash checks for your customers? YES/NO
 - a. If YES, Will you cash checks over \$1,000 per customer per day? YES/NO
 - i. If YES, Is the entity registered with FinCen? YES/NO
 1. If YES, Did you provide a copy of the registration? YES/NO

5. Will you sell/redeem money orders, stored value cards or travelers checks for your customers? YES/NO
 - a. If YES, Are you an agent for an MSB? YES/NO

6. Will you transmit money for your customers? YES/NO

7. Will this entity use Remote Deposit Capture? YES/NO

8. Will your business conduct gambling, betting, or wagering of any kind? YES/NO
 - a. If YES, Will this activity involve the internet? YES/NO

9. Who are the Benefactors and what Percentage of Ownership?



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Estimated Monthly Averages

Deposits			Withdrawals		
Cash	\$	#	Cash	\$	#
Domestic Wires	\$	#	Domestic Wires	\$	#
Foreign Wires	\$	#	Foreign Wires	\$	#
ACH	\$	#	ACH	\$	#

1. What is the business account purpose? (Circle one from list below)

- i. General Operating Funds
- ii. Payroll – only
- iii. Accounts Payable – only
- iv. Accounts Receivable – only
- v. Lottery Funds – only
- vi. Savings – general
- vii. Savings – specific item
- viii. Savings – sweep account funds – only
- ix. Philanthropic
- x. Escrow funds – IOLTA
- xi. Landlord / Tenant
- xii. Political campaign
- xiii. Estate settlement
- xiv. Other

2. Source of Funds? _____