

Business Account Application



Account Information

☐ New Account

☐ Account Modification

Date: _____

Entity Name

Including Assumed Name: _____

Optional Account Title: _____

☐ Business Savings

☐ Business Tiered Money Market

☐ Small Business Checking

☐ Enhanced Business Checking

☐ Account Analysis

☐ Community First Checking (Organization, Association, Non-Profit)

☐ Legacy Checking (Estates, Trusts, Fiduciary)

☐ Legacy Tiered Money Market (Estates, Trusts, Fiduciary)

☐ Certificate of Deposit

☐ Safe Deposit Box

Debit
Card

Authorized Signer 1: _____ Title: _____ ☐

Authorized Signer 2: _____ Title: _____ ☐

Authorized Signer 3: _____ Title: _____ ☐

Authorized Signer 4: _____ Title: _____ ☐

Expected Activity

Cash

Transactions

☐

None, or very little

☐

Moderate Volume
(less than \$10k a month)

☐

High Volume
(more than \$10k a month)

Wire Transfers

☐

None

☐

2 or less Domestic Wires

☐

1 or more International
wires, or more than 2
Domestic wires

Check Deposits

☐

None, or very little

☐

Yes, a moderate amount

☐

A lot of checks; we might be
interested in Remote
Deposit Capture Services

Electronic

Transactions (ACH)

☐

None

☐

Direct Deposit, or
Transfers between
accounts at ONB

☐

External Transfers; we might
be interested in Commercial
Cash Management

Bank Use Only

Send
Completed forms
to BSA

☐

If business will be providing financial services - Provide MSB_NBFI Application

☐

If business will have a Private ATM on Premises- Provide ATM Risk Assessment Front Line Document

Auth. Signer 1: ☐ New Cust. – New Personal Profile ☐ Existing– Update Personal Profile ☐ Existing– No Changes

Auth. Signer 2: ☐ New Cust. – New Personal Profile ☐ Existing– Update Personal Profile ☐ Existing– No Changes

Auth. Signer 3: ☐ New Cust. – New Personal Profile ☐ Existing– Update Personal Profile ☐ Existing– No Changes

Auth. Signer 4: ☐ New Cust. – New Personal Profile ☐ Existing– Update Personal Profile ☐ Existing– No Changes

Checks

☐

Ordered on ____/____/____

Mail to:

☐

Customer

☐

Bank

☐

Declined

Debit Card(s)

☐

Ordered on ____/____/____

Mail to:

☐

Customer

☐

Bank

☐

Declined

Account Number: _____ Reviewed by: _____ On ____/____/____