



**New**  **Existing** Commercial Checking or Savings Account Application

**Important Information:** We are required, by federal law contained in the Bank Secrecy Act, to obtain, verify, and record information that identifies each person opening or having access to a City National Bank account. We will ask for your full legal name, residential address, Social Security Number (SSN) or Individual Tax Payer Identification Number (ITIN), Phone Number, and Date of Birth. Certain documentation will be required depending on the type of business you operate. If the required documentation is not provided today, you will have 30 days from the date of account opening to provide it or the account will be closed.

**Required Identification:** We require every individual named on an account to provide an **unexpired** government issued identification which includes: US Driver's License, Mexico Marticula Consular Card, Passport, US Military ID (along with another photo ID we may keep on file). City National Bank reserves the right to request additional identification.

Business Checking - No minimum to open; service fees apply to balance below \$1,000.00	<input type="checkbox"/> Business Money Market - \$2,500.00 minimum to open; monthly service charge applies to balances below \$1,500.00; earns interest when balance is over \$1,500.00
<input type="checkbox"/> Business Savings - \$100 minimum to open; service fees apply if balance below \$100; earns interest; limited to 6 withdraws per statement cycle or fees apply	<input type="checkbox"/> Other - _____

**Are you interested in the following bank products or services?**

<input type="checkbox"/> Online Banking – Includes Online Bill pay & Bank to Bank transfers	<input type="checkbox"/> E-Statements
<input type="checkbox"/> Mobile Banking – App. available on Apple and Android	<input type="checkbox"/> Mobile Alerts – account balance texts
<input type="checkbox"/> Sweeps – Automatic transfers from another CNB account to cover overdrafts	<input type="checkbox"/> Debit Card(s) – 1 <sup>st</sup> card(s) free
<input type="checkbox"/> Cash Management – Nettleter ability for wires, ACH, & Positive Pay	<input type="checkbox"/> Remote Teller

*(All products subject to Bank approval.)*

**Business Information:**

Sole Proprietorship     
  Limited Liability Company (LLC)     
  Partnership     
  Corporation

Business Legal Name:		Doing Business As:	
Tax ID:	Date Business was established	State	
Physical Address:	City/State/ZIP:	County:	
Statement Address:	City/State/ZIP:		
Business Phone:			
E-mail:			
Are you a current customer of City National Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Owner**  **Signer:**

First Name:	Middle Name:	Last Name:	Suffix:
Title (check one): <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Signer <input type="checkbox"/> Other: _____			
Residential Address:	City/State/ZIP:	County:	
Statement Address:	City/State/ZIP:		
Home Phone:	Cell Phone:	Business Phone:	
E-mail:	Social Security Number/ ITIN:		
Date of Birth:	ID#	State:	Expiration Date:
Employer:	Address:	Occupation:	
Emergency Contact (Name, Phone, Address):			
Mother's Maiden Name:	Are you a current customer of City National Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<input type="checkbox"/> <b>Owner</b> <input type="checkbox"/> <b>Signer:</b>			
First Name:	Middle Name:	Last Name:	Suffix:
Title (check one): <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Signer <input type="checkbox"/> Other: _____			
Residential Address:	City/State/ZIP:	County:	
Statement Address:	City/State/ZIP:		
Home Phone:	Cell Phone:	Business Phone:	
E-mail:	Social Security Number/ ITIN:		
Date of Birth:	ID#	State:	Expiration Date:
Employer:	Address:	Occupation:	
Emergency Contact (Name, Phone, Address):			
Mother's Maiden Name:		Are you a current customer of City National Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<input type="checkbox"/> <b>Owner</b> <input type="checkbox"/> <b>Signer:</b>			
First Name:	Middle Name:	Last Name:	Suffix:
Title (check one): <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Signer <input type="checkbox"/> Other: _____			
Residential Address:	City/State/ZIP:	County:	
Statement Address:	City/State/ZIP:		
Home Phone:	Cell Phone:	Business Phone:	
E-mail:	Social Security Number/ ITIN:		
Date of Birth:	ID#	State:	Expiration Date:
Employer:	Address:	Occupation:	
Emergency Contact (Name, Phone, Address):			
Mother's Maiden Name:		Are you a current customer of City National Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<input type="checkbox"/> <b>Owner</b> <input type="checkbox"/> <b>Signer:</b>			
First Name:	Middle Name:	Last Name:	Suffix:
Title (check one): <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Signer <input type="checkbox"/> Other: _____			
Residential Address:	City/State/ZIP:	County:	
Statement Address:	City/State/ZIP:		
Home Phone:	Cell Phone:	Business Phone:	
E-mail:	Social Security Number/ ITIN:		
Date of Birth:	ID#	State:	Expiration Date:
Employer:	Address:	Occupation:	
Emergency Contact (Name, Phone, Address):			
Mother's Maiden Name:		Are you a current customer of City National Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Agreement:</b>					
I certify that the above information is true and correct. By signing below I authorize City National Bank to verify the above information and to obtain further information concerning my credit history and standing on deposit accounts maintained with other institutions through electronic or manual verification. City National Bank reserves the right to decline opening any account based on information that may be obtained.					
_____ Signature	_____ Title	_____ Date	_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date	_____ Signature	_____ Title	_____ Date

**Bank Use Only – New Account Checklist:**

Unexpired ID(s) Scanned       BSA       Deluxe Detect (OFAC)       Debit Card Applications

Reg GG (internet gambling)       POA (if applicable)       NAICS Code       Purpose Code

**Sole Proprietorship:**  Assumed Name Certificate filed w/county  Resolution  
 POD on Uniform SP/MP Selection form and screen (if applicable)

**Partnership:**  EIN Number     Partnership Agreement     Assumed Name Certificate filed w/county     Resolution  
 Certificate of Limited Partnership (for Limited Liability Partnerships)

**LLC:**  EIN Number     LLC Agreement     Certified Articles of Incorporation/Certificate of Formation     Resolution

**Corporation:**  EIN Number     Corporate By-Laws     Certified Articles of Incorporation/Certificate of Formation  
 Resolution

**Corporation or LLC Doing Business As: Same as above plus**  Assumed Name Cert. filed w/county  
 Assumed Name Cert. filed w/ Texas Secretary of State

Acct# \_\_\_\_\_       CIF# \_\_\_\_\_       Branch \_\_\_\_\_       Officer \_\_\_\_\_

New Account Representative \_\_\_\_\_       Packet completed and sent for imaging

Additional Comments: