

**Mid America Bank**  
**Business Information Form**

*Business CIP*

Business: Registered Name \_\_\_\_\_ TIN \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ PO Box # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E- Mail \_\_\_\_\_ Website \_\_\_\_\_

Nature of Business \_\_\_\_\_ NAICS Code \_\_\_\_\_

Entity Type ( i.e. LLC, C Corp, S Corp, ORG) \_\_\_\_\_ Primary Contact \_\_\_\_\_

**SELECT TYPE OF ACCOUNT:**

Business Checking	Select Business Checking	Platinum Business
Business Savings	Business Money Market	Business CD/IRA
Business Debit Card		

*In accordance with the USA Patriot Act, our financial institution is required to obtain, verify and record information that identifies each business that has an account. Certain business documents will be required prior to opening an account (i.e. Articles, Operating Agreement, Bylaws or Minutes). We support all efforts to protect and maintain the security of our customers and our country.*

*Our financial institution verifies all account applicants with E-Funds ChexSystems and OFAC.*

*Per bank policy, Mid America Bank reserves the right to close any/all accounts if proper documentation is not received within 30 days of opening.*

**PLEASE VERIFY AND CONFIRM ALL INFORMATION IS ACCURATE AND SIGN BELOW.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return completed form with a color copy of ID via secure e-mail, post mail, or hand delivery to any of our four locations.*

**A separate Customer Information Form will be required for each individual who will be a signer on any accounts.**

\*\*\*\*\*Internal Use\*\*\*\*\*

Completed by MAB Staff: \_\_\_\_\_ Processor \_\_\_\_\_ New Account Rep \_\_\_\_\_

Info Discrepancy Resolution: \_\_\_\_\_

Document(s) Provided: \_\_\_\_\_