

KEYSAVINGS BANK ENTERPRISE ACCOUNT(S) APPLICATION

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Type of Member: New Existing Account Number

Enterprise Base Savings Enterprise Base Checking (\$100 min) Enterprise Debit Card

Enterprise PLUS Checking (\$500 min) Enterprise Enhanced Money Market (\$2000 min)

Enterprise Name:

Enterprise Type: Sole Proprietor Limited Liability C-Corp S-Corp Other:

Enterprise General Info: Start Date: Tax ID: PO Box:

Street: City, State, Zip:

Telephone: Web Site: Email:

Define Business Purpose:

Business Disclosures: *If YES to any, please discuss with the Personal Banker.

Do you market or sell marijuana, hemp, CBD oil? YES NO YES Do you engage in virtual currency NO Do you have an ATM onsite? YES NO Do you require ACH Origination services? YES NO Are you located within 40 miles of Wisconsin Rapids or Nekoosa? YES NO Is your business cash intensive? YES NO

Internet Gambling Transactions:

I agree to not use my accounts with any business of placing, receiving or otherwise knowingly transmitting bets or wagers by any means which involve the use of the internet or for any other transaction which is prohibited by the Federal Reserve Regulation-GG Unlawful Internet Gambling Enforcement Act of 2006.

YES NO

Type of Initial Deposit:

Cash Payroll Check Business/Government Check Other

Document Owners/Partners/Guarantors/Principals/Beneficial Owner(s) (BO) and/or Signor(s):

BO #1 Name: Title: DOB:

SSN/EIN: Beneficial Owner: YES NO Signor on Account YES No

Address: (years/mo):

Personal Telephone # US Citizen Non-US Citizen Other:

Drivers License: Passport: Other:

% Ownership: Email:

Main Office: 811 East Grand Avenue, Wisconsin Rapids, WI 54494 715-423-6460



Date:

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BO #2 Name:	Title	e:			DOB:		
SSN/EIN:	Beneficial Owner:	YES	NO	Sią	gnor on Account:	YES	NO
Address:					(years,	/mo	
Personal Telephone #	US	Citizen		No	n-US Citizen		
Drivers License:	Passport:			Other	:		
% Ownership:	Email:						
BO #3 Name:	Title	: :			DOB:		
SSN/EIN:	Beneficial Owner:	YES	NO	Si	gnor on Account:	YES	NO
Address:					(years	/mo)	
Personal Telephone #	US	Citizen		No	on US Citizen		
Drivers License:	P	assport:			Other:		
% Ownership:	Email:						
BO #4 Name:	Title	2 :			DOB:		
SSN/EIN:	Beneficial Owner:	YES	NO	S	ignor on Account:	YES	NO
Address:					years/mo	:	
Personal Telephone #	US	Citizen		No	n-US Citizen		
Drivers License:	Passport:			Other	:		
% Ownership:	Email:						
Control Person Name	: :						
Title:	DOB:			Email:			
SSN/EIN:	Sign	or on Acc	ount:	YES	NO		
Address:					(years/i	no):	
Personal Telephone #	::	US Cit	izen:		Non-US Citizen	:	
Driver's License:	ense: Passport:			Other:			
I (We) hereby certify,	to the best of my knowled	ge, that th	ne infori	mation	provided above is	comple	te and
correct. If any of the a	above information would cl	hange, we	the ab	ove list	ed individual or bu	usiness)	will
notify KeySavings Ban	k in writing within 30 days	of the cha	ange. I (We) ce	rtify the above info	rmatio	n is
accurate, and I (We) a	authorize credit checks to b	e made fo	or my ac	count,	now or in the futu	re.	
BO#1 Signature:			BO#2	Signatu	re:		
Date:			Date:				
BO#3 Signature:			BO#4	Signatu	re:		
Date:			Date:				
Control Signature:							

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Debit Card Agreement (Optional):

By selecting YES and signing the application, the undersigned request the described services and agrees to the term and conditions governing the services, including any fees and charges. The undersigned agree that all information is accurate and authorizes KeySavings Bank to verify credit and employment history by any necessary means, including a credit report by a credit reporting agency. YES NO

Name:		Name:					
Sigi	signature: Signature:						
Na			Name:				
Name:		name:					
Signature:		Signature:					
Documentation Required (check if necessary):							
N	P		N F	>			
		Articles of Incorporation (Corp)			Articles of Organization (LLC)		
		Corporate Resolution (Corp)			Operating Agreement (LLC)		
		Partnership Agreement			IRS Assignment of EIN		
		Trust Instrument / Declaration of Trust			Form W-9		
		Business License			ID's Beneficial Ownership		
		ID on Control			Taxes-Financial Statements		
	*N=Needed P=Provided						

OTHER ENTERPRISE PRODUCTS (Check if interested):

Enterprise Leasing - Employee/Member Completes online application:

https://onlineapps.bankersbankusa.com/#!/w/DI5GTR0JRQ

Enterprise Credit Card - Employee/Member Completes online application:

https://servisfirstbank.my.salesforce-sites.com/credit?name=https://www.keysavingsbank.com/

Enterprise Business Loan – Employee assisted Business Application

Enterprise Commercial Real Estate Loan – Employee assisted Commercial Real Estate Application

Enterprise Corporate Retirement Plans-Employee assisted establishment or roll-over of exiting Retirement Plans

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