



301-652-0700 • 800-383-6266 • fax 301-951-3582 • www.presidential.com

Presidential Bank
ATTN: New Accounts
4520 East-West Highway
Bethesda, MD 20814

Internet Commercial Account Application

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Instructions

Businesses must be located in MD, DC or VA and State registered to use this application

- Please complete the 4 page form below and follow the instructions for each section.
- Mail this form, along with your initial deposit, to the above address. Please include copies of the Articles or the Organization (i.e. Articles of Incorporations, Partnership Agreement etc), Company Resolution (verifying authorized signers) and EIN Verification (i.e. EIN Registration approval letter, previous year Tax Filings). Other documents may be required.
- Asterisk (*) next to the application field indicates it is required.

Important Account Opening Information: Federal law requires us to obtain sufficient information about your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our Privacy Policy and federal law.

*Internet Account Type

Choose Only One Account (one account per application).

Commercial Checking
Statement Savings

Commercial Money Market
Premier Savings

CD Term: _____

*Initial Deposit

Please provide us with your initial deposit amount.

Amount: \$ _____ Check enclosed Transfer from my existing account# _____

*Account Ownership

Choose only one Account Ownership

Corporation – for profit
Partnership
Other _____

Corporation – nonprofit
Limited Liability _____

Company Name: _____ Tax ID #: _____

Company Address: _____

Mailing Address (if different): _____

**Email: _____ Phone: _____ Website: _____

** Email will be used for email deposit notifications

Account Signer Information

* Mr. Ms. Mrs. First Name: _____ MI: ____ Last Name: _____

* Email Address: _____

* Home Phone: _____ Office Phone: _____ Cell Phone: _____

* Date of Birth: (MMDDYYYY) Month ____ Day ____ Year ____

* Social Security / Tax ID No.: _____

* Drivers License / State ID Number: _____ License / ID State: _____

* Home/Physical Address (P.O. Box Not Allowed): _____

City: _____ ST: ____ Zip Code: _____

* Employee Title: _____ * Occupation: _____

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Account Signer Information

* Mr. Ms. Mrs. First Name: _____ MI: ____ Last Name: _____
* Email Address: _____
* Home Phone: _____ Office Phone: _____ Cell Phone: _____
* Date of Birth: (MMDDYYYY) Month _____ Day _____ Year _____
* Social Security / Tax ID No.: _____
* Drivers License / State ID Number: _____ License / ID State: _____
* Home Address: _____ City: _____ ST: _____ Zip Code: _____
* Employee Title: _____ * Occupation: _____

Account Signer Information

* Mr. Ms. Mrs. First Name: _____ MI: ____ Last Name: _____
* Email Address: _____
* Home Phone: _____ Office Phone: _____ Cell Phone: _____
* Date of Birth: (MMDDYYYY) Month _____ Day _____ Year _____
* Social Security / Tax ID No.: _____
* Drivers License / State ID Number: _____ License / ID State: _____
* Home Address: _____ City: _____ ST: _____ Zip Code: _____
* Employee Title: _____ * Occupation: _____

Account Signer Information

* Mr. Ms. Mrs. First Name: _____ MI: ____ Last Name: _____
* Email Address: _____
* Home Phone: _____ Office Phone: _____ Cell Phone: _____
* Date of Birth: (MMDDYYYY) Month _____ Day _____ Year _____
* Social Security / Tax ID No.: _____
* Drivers License / State ID Number: _____ License / ID State: _____
* Home Address: _____ City: _____ ST: _____ Zip Code: _____
* Employee Title: _____ * Occupation: _____

Comments

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*Signature Card - TIN/Backup Withholding

Please provide Tax ID, Sign and Date below:

Reporting TIN: _____

Important: Under penalties of perjury, I certify that the number shown above is my correct taxpayer identification number, I am a U.S. person (including U.S. resident alien), and that (check appropriate box):

I am not subject to backup withholding, because I am exempt from backup withholding, or because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

ALL AUTHORIZED SIGNERS MUST SIGN BELOW:

The undersigned hereby applies to Presidential Bank, FSB (the Bank) to open the account described above. I/we have reviewed the Bank's Deposit Account Rules and Regulations, Account Portfolio, Fee Schedule, Check Hold Policy, Electronic Funds Transfer Act Disclosure & Agreement and Privacy Policy and agree to be bound by their terms. For income tax reporting purposes, the Bank will assign income earned on this account to the social security number or taxpayer identification number designated as customer #1 or Trust Tax ID in the application. All accounts are subject to review and final approval by the Bank. I/we agree that the Bank may obtain employer references and credit reports when deemed appropriate for purposes of account acceptance.

Signature 1 Date mm/dd/yyyy

Signature 2

Signature 3

Signature 4

Additional Services

Yes, I want checks (Upon account opening, a representative will contact you to determine style and quantity)

[Fax Authorization Form](#) (i.e. Wire funds via faxed request). If checked, Fax Authorization Form must be completed, signed and returned with this application.

We've Gone Green! Online statements are standard with all transactional accounts opened online or via mailed in application. You may view, print and save your Online Historical Statements and Check/Deposit images using [Commercial Cash Management](#). Commercial Cash management requires a separate application. Click [here](#) to access the application.

Select this box only to receive mailed paper statements in addition to electronic statements. By clicking here, you will receive a monthly paper statement with check images.

Email Deposit Notifications are standard with all Internet Accounts. Upon receipt of a deposit to your account, we will send you a message. No personal account or transactional information is sent – use [Commercial Cash Management](#) to get the details.

Select this box to opt out of Email Deposit Notifications.

Email CD maturity notifications, if applicable, are standard with all Internet CD's, excluding 30day certificates. We will continue to generate and mail paper maturity notices to CD customers approximately 30 days prior to renewal.

How did you hear about Presidential Bank?

Family/Friend _____ Website _____

Washington Post Ad _____ Online Ad _____

Other Print Ad _____ Bank Staff Referral _____

Search Engine _____ I am a current customer _____

Radio _____ Direct Mail _____

Other _____

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*Commercial Account Business Purpose

All information below is required for commercial accounts.

Nature of Business: _____

Do you or your customers participate in unlawful internet gambling? Yes No

Average Monthly Balance: \$ _____

Average monthly number of Cash Deposits: # _____

Average Monthly amount of Cash Deposits: \$ _____

Average monthly number of Cash Withdrawals: # _____

Average Monthly amount of Cash Withdrawals: \$ _____

Wire Transfer In number and amount: # _____ \$ _____

Wire Transfer Out number and amount: # _____ \$ _____

Merchant Deposits number and amount: # _____ \$ _____

Other Transactions: describe below number and amount

 Cashier Checks Purchase: # _____ \$ _____

 Other: _____ # _____ \$ _____

Do you/Will you cash checks for people? * Yes No

Do you/Will you perform wire transfer services? Yes No
(Moneygram, Western Union etc.)? *

Do you/Will you sell Money Orders? * Yes No

**If Yes, the business is a money service business (MSB) and must be registered with the IRS and/or state. A copy of the registration confirmation must be obtained and retained as a part of this application.*