

Yampa Valley Bank makes switching easy!

At Yampa Valley Bank, we make switching your *business accounts* simple. Follow these steps to begin banking with your genuine hometown bank.

1 Open your business account with Yampa Valley Bank.

Stop by a YVB branch to open your account. Be sure to bring any additional signers with you, along with basic identifying information and a legible copy of an unexpired US Government-issued ID. To speed things up, please fill out the required identifying information form (below). Due to Beneficial Ownership regulations, you will also need to complete the business account application (below), which contains a section identifying any additional information needed for each type of legal entity.

2 Create a list of any automatic payments or deposits you have associated with your previous account.

Most organizations have their own account change forms. We can help you find these forms and will provide you with documents with your routing number and account number for your reference.

3 Stop using your previous account.

It is important to stop using your old account so that any outstanding checks will clear. Once everything is switched over, we can destroy any unused checks, ATM and debit cards, and deposit slips.

4 Close your previous account.

Once you make sure that all automatic payments and deposits are transferred to your new YVB account and all of your outstanding checks have cleared, contact your former bank to close your accounts. Some banks may require you to appear and sign closing documents in-person, while others may accept a letter or phone call to close your account.

Once you have completed these steps, you will have access to the services we offer:

Quickbooks Direct Feed • Quicken Direct Connect • Online Banking and Billpay • Online Statements
Mobile App • Mobile Deposit • Merchant Processing Services • Bonded Courier Service •
Apple Pay • Samsung Pay • Google Pay • Card Valet

Do you have other financial relationships you need to move? We can also help with any loans, IRAs, Health Saving Accounts, Safe Deposit Boxes, Savings Accounts, Certificates of Deposits, and Credit Cards. We have overdraft protection loans and account sweep services available, as well.

*Please call us or stop in with any questions.
We look forward to helping you achieve your banking goals!*

CONTACT US:

CRAIG:

(970) 824-3600

STEAMBOAT SPRINGS:

(970) 879-2993

info@yampavalleybank.com





Yampa Valley Bank

We'd like to thank you for your business. To assist us in maintaining your account, we will need the following information for EACH signer or information only on the account.

Thank you in advance for your help in obtaining this information.

Full Name _____

Social Security Number _____

Date of Birth _____

Mother's Maiden Name _____

Birth Place City _____

Mailing Address _____

City, State, & Zip _____

Physical Address _____

Primary Phone Number _____

Secondary Phone Number (optional) _____

Email Address (optional) _____

Employer (if retired list former employer) _____

Occupation (if retired list previous occupation) _____

***Please also include a LEGIBLE copy of a U.S. Government-issued ID ***



Patriot Act Disclosure and New Deposit Application for a Business

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical and mailing address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identification documents.

For Corporations, Limited Liability Company, or other entity that is created by filing a public document with a Secretary of State or similar office, a general partnership, Limited Liability Partnership and any similar business entity formed in the United States or a foreign country, we will ask for the name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify any beneficial owner who owns 25 percent or more of the equity interest of the legal entity and for one individual with significant responsibility for managing the legal entity such as an executive officer or senior manager or any other individual who regularly performs similar functions. Non-profit corporations or associations registered with the Secretary of State as some form of legal entity with no defined owners, will be subject to obtaining information on the individual with significant responsibility for managing the legal entity.

We will let you know if additional information is required.

Please provide the following information. This information is required to comply with Section 326 of the Act.

CUSTOMER INFORMATION: (please print)

Type of Entity – Please check one of the following:

Corporation (For Profit) General Partnership Limited Partnership Sole Proprietor Limited Liability Partnership
 Corporation (Non-Profit) Limited Liability Company Organization or Unincorporated Association

The following documentation will be required:

- Sole Proprietor: Trade Name registration if doing business under a fictitious name, Identification of the owner
- Corporations (For Profit and Non-Profit): Articles of Incorporation; Cert of Good Standing; Board minutes identifying individuals authorized to open account
- Limited Liability Company: Cert of Good Standing; Articles of Organization, Operating agreement listing member(s) (If LLC does not have an operating agreement, the Bank resolution will serve as certification of members)
- Limited Liability Partnership: Statement of Registration from Secretary of State; Operating Agreement indicating Partners; Cert of Good Standing or Partnership (If LLP does not have an operating agreement, the Bank resolution will serve as certification of Partners)
- General Partnership: Statement of Partnership Authority; Trade Name Registration; Cert of Good Standing
- Limited Partnership: Certificate of Limited Partnership, Cert of Good Standing
- Organization or Unincorporated Association: Board minutes identifying individuals authorized to open account

To find list of forms and how to file online with Colorado Secretary of State:

<http://www.sos.state.co.us/pubs/business/businessHome.html>

http://www.sos.state.co.us/pubs/business/forms_main.html

ACCOUNT INFORMATION

Entity Name (exactly as it appears on State filed documentation)

EIN/SSN

Physical Address

Business Phone

City State Zip

Email Address

Mailing Address Same as above City State Zip

Nature of Business (must be specific)

Internet Address (if applicable)

Bank Use Only:

Documentary Verification Document Used: Is address on Doc Different? If so Why?

Non-Documentary Verification Chex System: Yes No Credit Report: Yes No Logical Verification:

OFAC: EDD CODE:

Existing Customer New Customer

Please indicate the type of account(s) you are applying for: (mark all that apply)

- Checking Savings Certificate of Deposit Safe Deposit Box
 Cash Management* Remote Deposit Capture*
*Requires a separate application for access to these services

Expected Account Activity for Deposit Accounts.

Will there be wire transfers? Yes No If yes: Domestic International (List expected countries)

Will the business engage in operating a Private ATM Yes No (If yes, complete Private ATM Questionnaire and additional documentation such as any agreements with ATM providers will be required).

If yes to any of the following MSB questions, must complete MSB Questionnaire. (additional documentation will be required such as FINCen registration, State registration and BSA/AML policy & procedures)

- Will the business provide money transmitting services? Yes No
Will the business cash checks for others? Yes No If yes, what is the dollar limit per customer?
Will the business sell stored value cards, money orders, or traveler's checks? Yes No
If yes, what is the dollar limit per customer?

Will the business engage in any Marijuana or Hemp operations including growing, manufacturing or retail sales? Yes No (if yes, cannot open the account)

Will the business engage in online gambling transactions? Yes No (If yes, cannot open the account).

INTERNET GAMBLING DISCLOSURE

In accordance with the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG this notification is to inform you that restricted transactions are prohibited from being processed through your account or relationship with our institution. Restricted transactions are transactions in which a person or business accepts credit, funds, instruments, or other proceeds from another person or business in connection with unlawful internet gambling. I certify that the business does NOT offer internet gambling service.

Signature

Date

Signers on the Account: A Valid Driver's License, Passport, or other US Government issued ID must be presented for each signer on the account.

Name: _____

Physical Address: _____

Mailing Address (if different): _____

DOB: _____ SSN #: _____ (Passport or VISA Nbr): _____
(for US or Resident Aliens) (for Non-Resident or Foreign Persons)

Mother's Maiden Name: _____ City of Birth: _____

Primary Phone #: _____ Email: _____

Employer: _____ Occupation: _____

Other Verification Details: _____

Bank Use Only:

Documentary Verification
Document Used: _____ Is address on Doc Different? _____ If so Why? _____

Non-Documentary Verification
Chex System: Yes No Credit Report: Yes No Logical Verification: _____

OFAC: _____ EDD CODE: _____

Name: _____

Physical Address: _____

Mailing Address (if different): _____

DOB: _____ SSN #: _____ (Passport or VISA Nbr): _____
(for US or Resident Aliens) (for Non-Resident or Foreign Persons)

Mother's Maiden Name: _____ City of Birth: _____

Primary Phone #: _____ Email: _____

Employer: _____ Occupation: _____

Other Verification Details: _____

Bank Use Only:

Documentary Verification
Document Used: _____ Is address on Doc Different? _____ If so Why? _____

Non-Documentary Verification
Chex System: Yes No Credit Report: Yes No Logical Verification: _____

OFAC: _____ EDD CODE: _____

Copy and complete this page if additional signers are required

Beneficial Owners (25% or more) A copy of Driver's License, Passport or Visa must be provided.

Name: _____

Role/Title: _____ % of Ownership: _____

Physical Address: _____

DOB: _____ SSN #: _____

For Foreign Persons (Passport or VISA): _____

Name: _____

Role/Title: _____ % of Ownership: _____

Physical Address: _____

DOB: _____ SSN #: _____

For Foreign Persons (Passport or VISA): _____

Name: _____

Role/Title: _____ % of Ownership: _____

Physical Address: _____

DOB: _____ SSN #: _____

For Foreign Persons (Passport or VISA): _____

Name: _____

Role/Title: _____ % of Ownership: _____

Physical Address: _____

DOB: _____ SSN #: _____

For Foreign Persons (Passport or VISA): _____

Individual with Significant Responsibility - A copy of Driver's License, Passport or Visa must be provided.

(Significant responsibility for managing the legal entity such as an executive officer or senior manager or any other individual who regularly performs similar functions)

Name: _____

Role/Title: _____

Physical Address: _____

DOB: _____ SSN #: _____

For Foreign Persons (Passport or VISA): _____

I, _____ (*name of natural person opening account*), certify the above information is true and correct.

Signature

Date