

Switching to PlainsCapital Bank has never been easier. Fill out and print this form, then bring it with you when you come in to open your new account. You'll also need to bring the following documentation based on your business type:

All Businesses Account Signers	<ul style="list-style-type: none"> • A copy of a valid Driver's License or State Identification Card for each authorized signer (The copy must be legible for security purposes)
Corporation	<ul style="list-style-type: none"> • Certificate of Formation • IRS TIN Confirmation Letter may be requested
Partnership	<ul style="list-style-type: none"> • Partnership agreement • Necessary state or county filed paperwork depending on partnership structure • If General Partner is an entity, appropriate business documents depending on entity's structure • IRS TIN Confirmation Letter may be requested
Sole Proprietorship	<ul style="list-style-type: none"> • County assumed name certificate • If using TIN - IRS TIN Confirmation Letter may be requested
Non-profit Corporation	<ul style="list-style-type: none"> • Certificate of Formation • IRS TIN Confirmation Letter may be requested
Trust	<ul style="list-style-type: none"> • Trust agreement • If using TIN - IRS TIN Confirmation Letter may be requested
Estate	<ul style="list-style-type: none"> • Death certificate with letters of testamentary or administration • IRS TIN Confirmation Letter may be requested
Non-profit Association (unincorporated)	<ul style="list-style-type: none"> • Governing documents • IRS TIN Confirmation Letter may be requested
IOLTA	<ul style="list-style-type: none"> • Appropriate business documents depending on law firm's structure • If using TIN - IRS TIN Confirmation Letter may be requested • IOLTA Form (IOLTA Notice to Financial Institution and Foundation)
Campaign	<ul style="list-style-type: none"> • Form CTA, Local/State and Federal: Letter from the candidate authorizing the account and authorized signers • Federal: Additional FEC Form 1 • IRS TIN Confirmation Letter may be requested
PAC	<ul style="list-style-type: none"> • Local/State: Appointment of Treasurer by a General (or Specific) Purpose Committee with Texas Ethics Commission • Federal: Statement of Organization with the Federal Elections Committee • IRS TIN Confirmation Letter may be requested
LLC	<ul style="list-style-type: none"> • Certificate of Formation • IRS TIN Confirmation Letter may be requested
LLLP / LP	<ul style="list-style-type: none"> • Partnership Agreement • Certificate of Formation • If General Partner is an entity, appropriate business documents depending on entity's structure • IRS TIN Confirmation Letter may be requested
Business DBA Business Name	<ul style="list-style-type: none"> • Appropriate business documents depending on business' structure • State-issued Assumed Name Certificate

All products and services are bound by our Commercial Deposit Account Agreement and Services Disclosure.

Company Information

Legal Name of Entity _____

DBA (if applicable) _____

Provide the appropriate business NAICS Code _____

Optional Account Title for Statements (e.g. Payroll Account) _____

Type of Business (check one)

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Trust | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Estate | <input type="checkbox"/> Non-profit Association | <input type="checkbox"/> LLC |
| <input type="checkbox"/> IOLTA | <input type="checkbox"/> Campaign | <input type="checkbox"/> PAC | <input type="checkbox"/> LLLP / LP |

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Primary Phone Number _____ Alternate Phone Number _____

Fax Number _____ Business Email Address _____

Federal Tax Identification Number _____ Social Security Number (if applicable for sole proprietorship or trust) _____

Business Formation and Ownership / Management

What country or tribal nation was this business entity formed in? _____

Is there 50% or more direct or indirect ownership by a Non-Resident Alien?

Yes No

Is there 50% or more direct or indirect ownership by a foreign entity?

Yes No

Is the business owned (51% or more) by a publicly traded company on a Foreign Stock Exchange?

Yes No

Does anyone associated with the business currently hold a political office, either in the United States or Internationally? Does anyone associated with the business have a relative who holds such a position?

Yes No

If Yes, describe the political office held _____

Additional Business Information

Purpose/reason for the account relationship with PlainsCapital Bank _____

Source of wealth/funds _____

Expected business revenue (annual) _____

Physical location of the business (not the owner/agent address) _____

Establish Authorized Signers

Each authorized signer on the account will need to complete this form.

Signer Authority (choose one)

- Signer can open, close and maintain accounts under the business name as well as conduct transactions (sign checks, initiate wires, conduct debits at a branch, etc.). At least one person on the account must have this authority.
- Signer can only conduct transactions (sign checks, initiate wires, conduct debits at a branch, etc.) and cannot open/close an account on behalf of the business or process any information updates (i.e. address change).

_____ Name	_____ Home Phone	_____ Work Phone	_____ Cell Phone
_____ Social Security Number	_____ Date of Birth	_____ Country of Citizenship	Are you a U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Home Address	_____ Apt. #	_____ City	_____ State _____ Zip
_____ Drivers License Number	_____ State	_____ Expiration Date	Employment Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
_____ Email Address	_____ Mother's Maiden Name		
_____ Employer	_____ Occupation	_____ Job Title	

Are you or is anyone you are related to holding any kind of political office, either within the United States or internationally?

Yes No

If yes, what is that person's relationship to you and what office is being held? _____

Choose a Security Question

- | | |
|---|---|
| <input type="checkbox"/> What was your childhood nickname? | <input type="checkbox"/> What was your first job? |
| <input type="checkbox"/> What was the name of your first pet? | <input type="checkbox"/> What is the last name of your first teacher? |
| <input type="checkbox"/> What is your father's middle name? | <input type="checkbox"/> What was the make of your first car? |
| <input type="checkbox"/> In what city were you born? | <input type="checkbox"/> What school did you attend in 6th grade? |
| <input type="checkbox"/> What was your high school mascot? | <input type="checkbox"/> What is the middle name of your oldest sibling? |
| <input type="checkbox"/> What is your mother's birth year? | <input type="checkbox"/> In what city did you meet your spouse/significant other? |
| <input type="checkbox"/> Who was your favorite teacher? | |

Answer to Security Question

New Account Questionnaire

Additional information about your business and anticipated account activity

Business description (please describe in specific detail line of business, products and services)

Website _____ Number of Locations _____

Trade area Domestic & International Local National Regional Strictly International

Anticipated Monthly Cash/Check Information

For Time Deposits, please select the lowest available range options.

Number of Check Deposits 0-5 6-25 26-100 101+

Amount of Check Deposits \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$150,000 \$150,001 or greater

Number of Checks Written 0-5 6-25 26-100 101+

Amount of Check Written \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$150,000 \$150,001 or greater

Number of Cash Deposits 0-5 6-25 26-100 101+

Amount of Cash Deposits \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$150,000 \$150,001 or greater

Number of Cash Withdrawals 0-5 6-25 26-100 101+

Amount of Cash Withdrawals \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$150,000 \$150,001 or greater

ACH Payment Information

Will you accept ACH deposits into the account? (This could include any form of inbound ACH transfers into the accounts. A common example is credit/debit card settlements from a card processing company.)

Yes No

Anticipated Monthly Wire Transfer Information

Will the customer send or receive wires on behalf of the business (if no, below questions are not required)? Yes No

Domestic Incoming Activity Yes No

If yes, Number of Domestic Incoming Wires 0-5 6-20 21-100 101+

If yes, Domestic Incoming Wire Amounts \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$150,000 \$150,001 or greater

Domestic Outgoing Activity Yes No

If yes, Number of Domestic Outgoing Wires 0-5 6-20 21-100 101+

If yes, Domestic Outgoing Wire Amounts \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$150,000 \$150,001 or greater

Foreign Incoming Activity Yes No

If yes, Number of Foreign Incoming Wires 0-5 6-20 21-100 101+

If yes, Foreign Incoming Wire Amounts \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$150,000 \$150,001 or greater

Originating Country for Incoming Wires _____

Foreign Outgoing Activity Yes No

If yes, Number of Foreign Outgoing Wires 0-5 6-20 21-100 101+

If yes, Foreign Outgoing Wire Amounts \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$150,000 \$150,001 or greater

Receiving Country for Outgoing Wires _____

REGULATORY QUESTIONS

Indicate if the business is engaged in any of the following business activities (additional paperwork will be required)

- Money Service Business (check cashing, seller/issuer/redeemer of Money Orders and/or Travelers Checks, money transmissions or currency exchange, or seller of prepaid cards greater than \$1,000)
- Third-Party Payment Processor
- Privately Owned ATM (own, operate, or service an ATM)
- Cash Intensive Business
- Marijuana-Related Business (including products containing hemp or CBD oil)
- Virtual Currency (including mining, investing, or transmission of virtual currencies)
- Adult Entertainment Industry
- Wholesale of Used or New Clothing (Ropa Usada)
- Sell of Firearms or Ammunition
- Issuer/Facilitator of Short Term, Unsecured Debt (including payday loans, payday advances, salary loans, payroll loans, small dollar loans, short term loans, or cash advance loans)
- Issuer/Facilitator of Vehicle Title Loans
- Offers Credit Counseling or Debt Consolidation Services
- Telemarketing Services
- Gambling (including internet-based betting/wagering or accepting payments, or gaming functions including casinos, poker rooms, bingo halls, etc.)
- Extractive Services (e.g. mining, oil, gas)
- National Defense Security
- Charitable or Non-Government Organization (NGO)
- Importing or Exporting of Goods
- Securities Commodities
- Travel Agency

Select Accounts and Products

STEP 2

Please select the products and services you are interested in opening (check all that apply)

Checking Accounts

- Business Basics
- Momentum Max
- Business Plus
- Momentum Max Plus
- Business Premium
- Commercial All Access
- Business Interest

Money Market, Savings, and CD Accounts

- Business Money Market
- Momentum Max Savings
- Business Certificate of Deposit

Other Services

- Business Debit Mastercard
- Business Credit Card
- Business Checks
- Combined Statements
- ChecXchange (Returned check recovery service)

Online Banking

- Basic Business Online Banking

Primary User's Name _____

Is Primary User an Authorized Signer? Yes No

Do you need to add additional users? Yes No

Available Treasury Management Services

Select desired services for more information.*

- Business Online Services
- Online Wires
- ACH Origination
- Positive Pay (Check, ACH)
- Lockbox Services
- Zero Balance Accounts/Investment Sweeps
- Merchant Processing Services
- Remote Deposit Capture
- Foreign Exchange Wires/Intl. Services
- Deluxe Payment Exchange

*Treasury Services will require further documentation.

All products and services are bound by our Commercial Deposit Account Agreement and Services Disclosure and our Treasury Management Terms and Conditions.

PlainsCapital Bank Beneficial Owner Certification Form

CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity (Certifier) must provide the following information

BUSINESS INFORMATION

Name of Natural Person Opening Account		Title
Business name		<input type="checkbox"/> LLC
Phone		<input type="checkbox"/> Partnership
Email		<input type="checkbox"/> Corporation
Registered company address		<input type="checkbox"/> Other _____

Please provide the following information for each individual (real persons, not businesses) who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above.

BENEFICIAL OWNER 1

Name	Approximate Percentage Ownership
Date of Birth	US Citizens - Social Security Number
Physical Address (no P.O. Boxes)	
Foreign Persons - Passport Number and Country of Issuance	

BENEFICIAL OWNER 2

Name	Approximate Percentage Ownership
Date of Birth	US Citizens - Social Security Number
Physical Address (no P.O. Boxes)	
Foreign Persons - Passport Number and Country of Issuance	

BENEFICIAL OWNER 3

Name	Approximate Percentage Ownership
Date of Birth	US Citizens - Social Security Number
Physical Address (no P.O. Boxes)	
Foreign Persons - Passport Number and Country of Issuance	

BENEFICIAL OWNER 4

Name	Approximate Percentage Ownership
Date of Birth	US Citizens - Social Security Number
Physical Address (no P.O. Boxes)	
Foreign Persons - Passport Number and Country of Issuance	

If no individual meets the definition above, please initial here _____

The following information pertains to one individual with significant responsibility for managing the legal entity listed above, such as an executive officer or senior manager, or any other individual who regularly performs similar functions. If appropriate, an individual listed under beneficial owner above may also be listed in this section.

CONTROLLING PERSON

Name	
Date of Birth	
Physical Address (no P.O. Boxes)	
ID Number: US Citizens (SSN)/ Foreign Persons (Passport and Issuing Country)	

By signing below, I certify, to the best of my knowledge, that the information provided above is complete and correct. Additionally, I commit to informing PlainsCapital Bank should any change in ownership occur.

CERTIFIER'S SIGNATURE

Signature		
Name and Title		Date

Change information for electronic transactions to be credited to or debited from your PlainsCapital Bank account

To Whom It May Concern

I would like to establish an automatic payment/deposit as instructed below.

Please Create a New Automatic Payment Change My Current Automatic Payment
 Create a New Automatic Deposit Change My Current Automatic Deposit

Business Information

Business Name

Street Address

City

State

Zip

Requestor Name

Requestor Phone

Payment/Deposit Information

Name of Payee

Account Number of Payee

Debit/Credit My PlainsCapital Bank Account

Charge My PlainsCapital Bank Debit Card

Routing Number: 111322994

Card Number: _____

Account Number: _____

Expiration Date: _____

Note: Attach a voided check or deposit slip below.

Authorization

I authorize _____ (vendor) to initiate credits or debits from my PlainsCapital Bank account as indicated above and to make adjustments for any transaction made in error if necessary. This authority will remain in effect until I have given written notice to terminate this service.

Signature

Date

FOR ACCOUNT DEBIT,
ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

When you receive your new checks from PlainsCapital Bank, attach a preprinted voided check or preprinted deposit slip from your new PlainsCapital account to this form before submitting it to the payee for processing.

Please Close My Account

Bank Name

Address

City

State

Zip

To Whom It May Concern:

Effective immediately, please close the following account:

Account Number: _____

Primary Account Owner Name: _____

Secondary Account Owner Name (if applicable): _____

Please process and forward any remaining funds in my account by check to the following address:

Name

Mailing Address

City

State

Zip

If you have any questions or if this form is not sufficient to complete this request, please contact me at the following numbers:

Business Phone

Home Phone

Thank you for your assistance in completing this request.

Primary Account Owner Signature

Date

Secondary Account Owner Signature (if applicable)

Date